M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Dr. Kneisley

420.0

0884

CERTIFICATE OF DEATH

93d Reg. Dist. No. 302

1. PLACE OF DEATH· COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place) 10 Days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hosp ital	STREET ADDRESS (If rural give location) 38 Summit Ave

3. NAME OF DECEASED (Type or Print) (First) Mrs Gertie M. Martz (Middle) (Last) Armstrong				4. DATE OF DEATH (Month) Jan. (Day) 25/49 (Year) 19		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 8/1/1880	9. AGE last birthday 68 yrs.	If under 1 year Months 5 Days	If under 24 hrs. Hours 25 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Locust Grove Wash. Co. Md		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Jacob Martz			14. MOTHER'S MAIDEN NAME Elizebeth Lambert			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service) —		16. SOCIAL SECURITY NO. Unable To Locate	17. INFORMANT Harry N. Armstrong			

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Arterio sclerotic Heart Diease	10 yrs.
Antecedent cause(s)	(b) (with) Congestive Failure	6 mo.
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Chronic Arthritis	15 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1948, to Jan, 1949, that I last saw the deceased alive on Jan. 24, 1949, and that death occurred at 1:25 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature] Mrs 148 W. Washington St. Hagerstown, Md.

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 1/27/49	NAME OF CEMETERY OR CREMATORY Locust Grove Cemt.	LOCATION (City, town, or county) (State) Locust Grive Wash. Co. M D/
DATE REC'D BY LOCAL REG. Jan. 26, 1949	REGISTRAR'S SIGNATURE Chas H Bowers	24. FUNERAL DIRECTOR Andrew K. Coffman	ADDRESS Hagerstown, Md

RECEIVED
JAN 28 1949
BUREAU V. S.

Dr. Ralph Young

0885

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

334

83a Reg. Dist. No. 302

1. PLACE OF DEATH · COUNTY: Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown — LENGTH OF STAY (in this place): 45 Years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 45 Elizabeth St.	STREET ADDRESS (If rural give location): 45 Elizabeth St

3. NAME OF DECEASED (Type or Print)	(First) Emma	(Middle) Knabe	(Last) Barber	4. DATE OF DEATH	(Month) Jan.	(Day) 11	(Year) 1949
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed	8. DATE OF BIRTH: Jan. 1, 1878	9. AGE last birthday: 71 yrs.	If under 1 year Months: 0	Days: 10	If under 24 hrs. Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife	10b. KIND OF BUSINESS OR INDUSTRY: Own Home	11. BIRTHPLACE (State or foreign country): Hagerstown Md.	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME: Valentine Knabe	14. MOTHER'S MAIDEN NAME: Florence Boward						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service): NO	16. SOCIAL SECURITY No.: None	17. INFORMANT: Clarence A. Barber					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral apoplexy — 3 Days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/8/49, 19....., to 1/11/49, 19....., that I last saw the deceased alive on 1/11/49, 19....., and that death occurred at 10 P m., from the causes and on the date stated above.

SIGNATURE: R. F. Young (Degree or title) M.D. ADDRESS: Williamsport, Md DATE SIGNED: 1/13/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 1/14.1949	NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery	LOCATION (City, town, or county) (State): Hagerstown, Md.
DATE REC'D BY LOCAL REG.: Jan. 13, 1949	REGISTRAR'S SIGNATURE: Chas H Bowers	24. FUNERAL DIRECTOR: Andrew K. Coffman	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 17 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0886

420 1
94a

Reg. Dist. No. 305

1. PLACE OF DEATH:
County Washington
City or town Sam Mars
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 years
Hospital, institution, or street address where death occurred:
Fahrney Memorial Home
How long in hospital or institution? 2 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Montgomery
City or town Colesville
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war No ✓

3. (a) FULL NAME: Miss Alice Barrett

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6.(b) Name of husband or wife: Single
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): June 7 1872

8. AGE: Years 76 | Months 6 | Days 29 | If less than one day ..... hrs. ..... min.

9. Birthplace Colesville Mont Co. Md.
(Town, county, and state)

10. Usual occupation None.

11. Industry or business

FATHER
12. Name Lewis Barrett
13. Birthplace Mont. Co. Md.

MOTHER
14. Maiden name Jemima Robey
15. Birthplace Montgomery County Maryland

16. Informant Mrs. Albert Schultz
Address Wyattsville Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof January 8 1949 (month) (day) (year)
Cemetery or crematory Colesville Cemetery
Location Colesville Mont. Co. Md.

18. Funeral director Warner E. Pumphrey Inc.
Address Silver Springs Md.

19. January 6 1949 John H. Bast
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 6 1949, at 6 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 6 1949 to Jan 6 1949 and that I last saw h[illegible] alive on Jan 6 1949

	DURATION
Immediate cause of death: Coronary Thrombosis.	
Due to:	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE G. W. Luby M. D.
M. D. or other
Address Boonsboro Date signed 1/6/49.

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JAN 10 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0887

CERTIFICATE OF DEATH

Reg. Dist. No. 800

1. PLACE OF DEATH
COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sharpsburg
LENGTH OF STAY (in this place) 40 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Main St.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sharpsburg
STREET ADDRESS (If rural, give location) Main St.

3. NAME OF DECEASED (Type or Print) (First) Edgar (Middle) Myron (Last) Beachley

4. DATE OF DEATH (Month) Jan. (Day) 31, (Year) 1949

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH July 19, 1882

9. AGE last birthday 66 yrs. If under 1 year Months 6 Days 12 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor

10b. KIND OF BUSINESS OR INDUSTRY Building

11. BIRTHPLACE (State or foreign country) Wash. Co., Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME John W. Beachley

14. MOTHER'S MAIDEN NAME Etta Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO. 219-14-8620

17. INFORMANT Mrs. Cora Mae Beachley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Arteriosclerosis	6 months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio-Vascular-Renal Disease.	5 years.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1, 1949, to Jan 31, 1949, that I last saw the deceased alive on Jan 24, 1949, and that death occurred at 1:1 P m., from the causes and on the date stated above.

SIGNATURE Walter H. Shealy Jr. (Degree or title) ADDRESS Sharpsburg, Md. DATE SIGNED Feb. 2, 1949.

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE Feb. 3, 1949

NAME OF CEMETERY OR CREMATORY Mt. View Cem.

LOCATION (City, town, or county) (State) Sharpsburg, Maryland.

DATE REC'D BY LOCAL REG. Feb 3. 1949

REGISTRAR'S SIGNATURE Ely Boyer

24. FUNERAL DIRECTOR ADDRESS Edith V. Leaf ; Williamsport, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 4 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0888

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY WASHINGTON — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (In this place) 5 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 145 Linwood Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY WASH.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 145 Linwood Road

3. NAME OF DECEASED (Type or Print): (First) EMMA (Middle) KATE (Last) BEAR

4. DATE OF DEATH: (Month) Jan. (Day) 29 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 5/28/1877

9. AGE last birthday: 71 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: John Seilhammer

14. MOTHER'S MAIDEN NAME: Mary Clugston

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Mrs. William Brubecker

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congestive Heart Failure — 6 mos

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Heart Disease — 10 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1-47, 19....., to 1-29-49, 19....., that I last saw the deceased alive on 1-28-49, 19....., and that death occurred at 7.30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Karl Young M.D. — 148 N. Potomac, Hagerstown Md

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 2/1/49 — NAME OF CEMETERY OR CREMATORY: Browns Mill Cemetery — LOCATION (City, town, or county) (State): Franklin Co., Pa.

DATE REC'D BY LOCAL REG. Jan. 30, 1949 — REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR — ADDRESS: W. T. Norment, Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 1 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

331 0889

CERTIFICATE OF DEATH 83a Reg. Dist. No. 303

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

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VS. A15

1. PLACE OF DEATH
COUNTY Washington. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Hagerstown. | LENGTH OF STAY (In this place) 7 Days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Gateway Nurseing Home.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Washington.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Williamsport.R.F.D.2.
STREET ADDRESS (If rural, give location) Rural Hagerstown.

3. NAME OF DECEASED (Type or Print) (First) Laura (Middle) Ardinger (Last) Beckley.

4. DATE OF DEATH (Month) Jan. (Day) 26 (Year) 1949.

5. SEX Female | 6. COLOR OR RACE White. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed. | 8. DATE OF BIRTH Jan.8 1864. | 9. AGE last birthday 85 yrs. | If under 1 year: Months. Days 18 Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife. | 10b. KIND OF BUSINESS OR INDUSTRY Housewife. | 11. BIRTHPLACE (State or foreign country) Maryland. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Charles Ardinger.

14. MOTHER'S MAIDEN NAME Annie Mcdonald.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Roy L Beckley.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Aortic Sclerosis	Indefinite
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 15, 1949, to Jan 26, 1949, that I last saw the deceased alive on Jan 25, 1949, and that death occurred at 2 20 A m., from the causes and on the date stated above.

SIGNATURE Dr J Zimmerman. (Degree or title) M.D. ADDRESS Williamsport DATE SIGNED 1/25/49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial. | DATE Jan.28. 1949 | NAME OF CEMETERY OR CREMATORY Rosehill | LOCATION (City, town, or county) Hagerstown (State) Md.

DATE REC'D BY LOCAL REG. 1-27-1949 | REGISTRAR'S SIGNATURE Roy M Foltz Deputy

24. FUNERAL DIRECTOR Edith V Leaf. ADDRESS Williamsport Md.

RECEIVED
FEB 12 1949
BUREAU T. S.

0890

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place) 20 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital	STREET ADDRESS (If rural give location) 46 South Mulberry Street

3. NAME OF DECEASED (Type or Print) (First) Minnie F. Beckwith (Middle) (Last)			4. DATE OF DEATH (Month) Jan. (Day) 20. (Year) 1949	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow	8. DATE OF BIRTH Feb. 22, 1884	9. AGE last birthday 64-10-28 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) sorter	10b. KIND OF BUSINESS OR INDUSTRY laundry		11. BIRTHPLACE (State or foreign country) Frederick County, Md.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William Metz			14. MOTHER'S MAIDEN NAME Mollie -------	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO. 214-09-4857		17. INFORMANT Richard D. Himes	

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Lobar Pneumonia	4 days
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Nephrosclerosis	?

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☑ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 11th, 1949, to Jan 19th, 1949, that I last saw the deceased alive on Jan 19th, 1949, and that death occurred at 12 05 A.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Philip Kirshman	MD	Hagerstown Md	1/21/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 1-22-49	NAME OF CEMETERY OR CREMATORY Mt. Briar Ch. of God	LOCATION (City, town, or county) (State) Mt. Briar, Maryland
DATE REC'D BY LOCAL REG. Jan. 21, 1949	REGISTRAR'S SIGNATURE Chas H Bowers	24. FUNERAL DIRECTOR C. M. Suter & SOns	ADDRESS Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 24 1949
BUREAU V. A.

0891

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

..420 1
94a

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 1 week
HOSPITAL OR INSTITUTION OR STREET ADDRESS 15 Avalon ~~St.~~ Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Lake Park
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Alma (Middle) Adelia (Last) Bell

4. DATE OF DEATH (Month) Jan (Day) 30 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH July 2 1881
9. AGE last birthday 67 yrs. If under 1 year Months 6 Days 28 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired Postal clerk
10b. KIND OF BUSINESS OR INDUSTRY Post Office
11. BIRTHPLACE (State or foreign country) W. Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME. Benjamin F Crane
14. MOTHER'S MAIDEN NAME Catherine S White

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Beatrice A Munson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute coronary occlusion	3 minutes
Antecedent cause(s)	(b) Coronary sclerosis	unknown
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION none
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) no
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 30, 1949, to Jan. 30, 1949, that I last saw the deceased alive on Jan. 30, 1949, and that death occurred at 1235 p m., from the causes and on the date stated above.

SIGNATURE R B Norment (Degree or title) M. D. ADDRESS 1196 Antietam St Hagerstown Md DATE SIGNED 1/30/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE Feb. 2, 1949 NAME OF CEMETERY OR CREMATORY Deer Park Cemetery LOCATION (City, town, or county) Deer Park, Md. (State)

DATE REC'D BY LOCAL REG. Jan. 30, 1949 REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR Herbert C. Leighton ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
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BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

1. PLACE OF DEATH: COUNTY: Washington; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Paramount
LENGTH OF STAY (in this place): 28 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Paramount
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) Retiza (Middle) Susan Binkley (Last)

4. DATE OF DEATH: (Month) January (Day) 15 (Year) 49

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 5, 1865

9. AGE last birthday: 83 yrs. If under 1 year: Months 2 Days 10 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maugansville, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Strock

14. MOTHER'S MAIDEN NAME: Aletha Hildebrand

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT: Mrs. Roy Hoffman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	5 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Arteriosclerosis	5 yrs.
	(c) none	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: none

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 23, 1948, to Jan 15, 1949, that I last saw the deceased alive on Jan 10, 1949, and that death occurred at 10:30 Am., from the causes and on the date stated above.

SIGNATURE (Degree or title): J. B. Schmidt Dr. ADDRESS: 148 W. Wash St. Hagerstown Md. DATE SIGNED: 1-15-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE: Jan. 17, 49 NAME OF CEMETERY OR CREMATORY: Rose Hill LOCATION (City, town, or county) (State): Hagerstown, Wash, Md

DATE REC'D BY LOCAL REG.: Jan. 17. 1949 REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR: C. M. Suter and Son ADDRESS: Hagerstown Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington County Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ~~Hagerstown~~ Blairs Valley
STREET ADDRESS (If rural, give location): ~~Washington County Home~~

3. NAME OF DECEASED (Type or Print): (First) John (Middle) (Last) Bradshaw

4. DATE OF DEATH: (Month) Jan. (Day) 24, (Year) 1949 I9

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: May 26, 1870

9. AGE last birthday: 78 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Hand

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington Co. Md.

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: George Bradshaw

14. MOTHER'S MAIDEN NAME: Tillie Halbert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mr. Fred Long, Supt. Wash Co. Home

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myocardial decompensation	2 Wks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Anasarca	1 mo
	(c) Cardio-vascular-renal-disease	3 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?:

22. I hereby certify that I attended the deceased from 1/1, 1946, to 1/24, 1949, that I last saw the deceased alive on 1/19, 1949, and that death occurred at 4:00 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Ernest F Poole	M.D.	Hagerstown, Md.	1/25/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan. 26, 1949	Blairsvalley Cemetery	Blairs Valley, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Jan. 26, 1949	Chas. F. Bowers	Snyder-Rowland Clearspring, Md.

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JAN 28 1949
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~~[illegible]~~ DEATH 760.5 160a 0894

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF ~~STILLBIRTH~~

Reg. Dist. No. 302.

A certificate must be filed within 24 hours for every still birth of 20 weeks' gestation or more (see stub)

M

C

1. PLACE OF BIRTH:

County Washington

City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

Street address, hospital, or institution: Washington County Hospital

Length of mother's stay in County
(How many years, or months, or days. SPECIFY WHICH)

2. USUAL RESIDENCE OF MOTHER:

State Md.

County Washington

City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

Street No. 19 High St
(If RURAL give LOCATION)

3. Name of child Jas. Payne Cauffman

4. Date of birth Jan 1st 1949 Hour 1.45 P. M.

5. Sex Male 6. Twin or triplet

7. No. of weeks pregnancy 28

FATHER OF CHILD

8. Full name Jas. Payne Cauffman

9. Color W 10. Age at time of this birth 26 yrs.

11. Usual occupation Construction Co. Laborer

MOTHER OF CHILD

12. Full maiden name Blanch Elizabeth Seekford

13. Color W. 14. Age at time of this birth 22 yrs.

15. Usual occupation Housewife

16. Other children born to mother (not including present child): (a) How many children of this mother are now living? 0
(b) How many other children were born alive but are now dead? 0 (c) How many other children were *born* dead? 0

17. Did child die before labor? No During labor? No

18. Pregnancy, complications of No.

19. Labor: (a) Complications of Yes
(b) Induced?

20. (a) Was there an operation for delivery? Yes (Yes or No)
(b) State all operations, if any Instrumental Delivery
(c) Did child die before operation? No
During operation? No.

21. Cause of stillbirth. Please be specific. For terms like prematurity, asphyxia, etc., try to add cause thereof.
(a) Fetal causes Intra Cranial Hemmorage - forceps delivery
(b) Maternal causes Prolonged labor - persistant occupant posterior -

22. I certify to the birth of this child who was born dead* on the date and hour above stated.

Signature H. Campbell
(Specify if M. D., midwife, or other)

Address 145 W. Washington St

23. (a) Burial (Burial, cremation or removal) (b) Date thereof 1/3/49 (month) (day) (year) md
(c) Cemetery or crematory Rose Hill Hagerstown

24. (a) Funeral director Andrew K. Coffman
(b) Address Hagerstown Md.

25. (a) Jan. 3, 1948 (Date rec'd by registrar) (b) Chas. H. Bowers (Registrar)

26. (To be filled out if no physician was present at delivery.) The above certificate has been examined by me.

Health Officer, per

* See Instruction C on stub.

I

Lived 8½ hours.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH· COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boonsboro — LENGTH OF STAY (in this place) 25 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boonsboro
HOSPITAL OR INSTITUTION OR STREET ADDRESS S. Main Street	STREET ADDRESS (If rural give location) S. Main Street

3. NAME OF DECEASED (Type or Print) (First) Elmer (Middle) (Last) Chrissinger

4. DATE OF DEATH (Month) (Day) (Year) Jany - 6 - 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	White	Married	May. 10 - 1878	70 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Farmer	Farm	Wash. Co. Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Chrissinger	Mary E. Martz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No.		220-16-3036	Mrs. Flora Chrissinger Boonsboro Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Gangrene (Feet & Leg) — 3 mos.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocarditis — 5 years

(c) Arteriosclerosis — 5 years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Feb. 6, 1946, to Jan. 6, 1949, that I last saw the deceased alive on Jan. 6, 1949, and that death occurred at 12 20 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Herbert Wade. M.D.		Boonsboro	1/6/49.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial.	Jany. 9. 1949	Boonsboro Cemetery	Boonsboro	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jany 8. 1949	John H. Bast	Wm. F. Bast & Sons	Boonsboro Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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CERTIFICATE OF DEATH

186a Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place) 87 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hag erstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital	STREET ADDRESS (If rural give location) 133 E. Washington St.

3. NAME OF DECEASED (Type or Print)	(First) John	(Middle) Harry	(Last) Creager	4. DATE OF DEATH	(Month) Jan (Day) 22 (Year) 1949
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH Dec. 26-61	9. AGE last birthday 87 yrs yrs.	If under 1 year Months / Days / If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpender	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME John H. Creager		14. MOTHER'S MAIDEN NAME Mary Johnson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If year, give war or dates of service)	16. SOCIAL SECURITY NO. ------	17. INFORMANT Charles Creager		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) chronic Valvular Endocarditis	?
Antecedent cause(s)	arterio sclerosis	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) with Decompensation	
	(c) simple	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Fracture Head left Femur	3 days

19a. DATE OF OPERATION 0	19b. MAJOR FINDINGS OF OPERATION 0	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) accident	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) Hagerstown (COUNTY) Washington (STATE) Md	
TIME OF INJURY (Month) 1 (Day) 20 (Year) 1949 (Hour) 98 m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? Fall to the floor in Boarding House	

22. I hereby certify that I attended the deceased from Jan 1, 1948, to 1/22, 1949, that I last saw the deceased alive on 1/21, 1949, and that death occurred at 12:15a m., from the causes and on the date stated above.

SIGNATURE Victor D. Miller (Degree or title) DR. VICTOR D. D. MILLER, 131 W. WASHINGTON ST. HAGERSTOWN, MD. ADDRESS S. Robert Miller, MD. DATE SIGNED Jan. 26 49

DEPUTY MEDICAL EXAM.

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE Jan 25-49	NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery	LOCATION (City, town, or county) Hagerstown	(State) Md.
DATE REC'D BY LOCAL REG. Jan. 25, 1949	REGISTRAR'S SIGNATURE Chas H Bowers	24. FUNERAL DIRECTOR Scott F. Minnich & Son	ADDRESS Hag. Md.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 28 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:
County: Washington
City or town: Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 hrs.
Hospital, institution, or street address where death occurred:
Washington County hospital
How long in hospital or institution? 2hrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Penna. County: Fra nklin
City or town: Rural Greencastle
(If outside city or town limits, write RURAL and give nearest town)
Street No.: Greencastle Rte. #3
(If rural, give LOCATION)
2.(a) If veteran, name war: Non-Vet.

3.(a) FULL NAME: CLAUDE LEROY CREAMER

3.(b) Social Security Number: 182-22-7891

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Mary Lou Creamer
6.(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): Ma y 18, 1884

8. AGE: Years	Months	Days	If less than one day
64	7	2 8	____ hrs. ____ min.

9. Birthplace: Jefferson County W. Va.
(Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business: Army Depot

FATHER
12. Name: Thomas Creamer
13. Birthplace: W. Va.

MOTHER
14. Maiden name: Rosie Clipp
15. Birthplace: W. Va.

16. Informant: Mrs. Mary Lou Creamer
Address: Greencastle Rte. #3 Pa.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1/18/49 (month) (day) (year)
Cemetery or crematory: Cedar Hill
Location: Franklin County Penna.
18. Funeral director: W. T. Norment
Address: Hagerstown, Md.

19. Jan. 17 19 49 (Date rec'd by registrar) Chas. H. Bowers, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 16, 19 49, at 2:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19____, to ____ 19____ and that I last saw h____ alive on ____ 19____

Immediate cause of death	DURATION
Gunshot wound through face and head	5½ hrs
Due to: Fractured skull + shock	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: None

Autopsy results: As above (3 bullet wounds) Date of op. ____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Suicide Date of: Jan. 16, 1949
Where did injury occur? Near Greencastle (City or town) Franklin (County) Pa. (State)
Injured at home, farm, industry, public place (where?): Home
Means of injury: Shot self w. .32 revolver (3) times Injured at work? No.

23. SIGNATURE: L. Robert Wells M.D. DEPUTY MEDICAL EXAM. WASH. CO., MD.
M. D. number
Address: Hagerstown, Md. Date signed: 1/17/49

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JAN 19 1949
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

171 / 48a

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown — LENGTH OF STAY (in this place) 26 yrs.	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Home	STREET ADDRESS (If rural give location) 248 N. Mulberry

3. NAME OF DECEASED (Type or Print): (First) Nettie (Middle) Ann Maria (Last) Detrow

4. DATE OF DEATH: (Month) Jan (Day) 8 (Year) 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	July 3, 1880	68 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Wife	Own Home	Maryland	U.S.A.

13. FATHER'S NAME: Daniel Houpt

14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: ----

17. INFORMANT: Daniel Detrow moved left no address Hag. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cachexia — 3 mo

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Carcinoma of Cervix — 1 yr.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/1, 1948, to 1/8, 1949, that I last saw the deceased alive on 1/5, 1949, and that death occurred at 6:30P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Ernest F. Poole M.D. — ADDRESS — DATE SIGNED 1/10/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE Jan. 11, 49 — NAME OF CEMETERY OR CREMATORY Smithburg Cemetery — LOCATION (City, town, or county) Smithburg (State) Md.

DATE REC'D BY LOCAL REG. Jan. 11. 1949 — REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR Scott F. Minnich & Son — ADDRESS Hag. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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JAN 13 1949
BUREAU V. S.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

170 0899

CERTIFICATE OF DEATH

50 Reg. Dist. No. 302

1. PLACE OF DEATH COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (In this place) life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital	STREET ADDRESS (If rural, give location) 41½ South Potomac St.

3. NAME OF DECEASED (Type or Print)	(First) Martha	(Middle) Mildred	(Last) Edwards	4. DATE OF DEATH	(Month) Jan. (Day) 17 (Year) 1949
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 28, 1897	9. AGE last birthday 51 yrs.	If under 1 year Months. Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home duties	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Washington Co. Md.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Jasper Main			14. MOTHER'S MAIDEN NAME Emma L. Brown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If year, give war or dates of service)		16. SOCIAL SECURITY NO. 220-18-0539	17. INFORMANT Fred H. Edwards		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Generalized abdominal carcinomatosis — 8-10 weeks

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Duct cell carcinoma of breast — 1943

(c) (radical mastectomy 7/26/43)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 12/14/48	19b. MAJOR FINDINGS OF OPERATION Carcinoma tubes, ovaries, peritoneum, glands.	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/10, 1948, to 1/17, 1949, that I last saw the deceased alive on 1/16, 1949, and that death occurred at 3:25 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Peregrine Wroth Sr. M.D.		Hagerstown, Md.	1/18/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE Jan. 19, 1949	NAME OF CEMETERY OR CREMATORY Brownsville Cemetery	LOCATION (City, town, or county) (State) Brownsville, Maryland
DATE REC'D BY LOCAL REG. Jan 19. 1949	REGISTRAR'S SIGNATURE Chas H Bowers	24. FUNERAL DIRECTOR Fred W. Kraiss	ADDRESS Hagerstown, Md.

RECEIVED
JAN 21 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore 434.3 107 Dr. Layman 0900

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Washington; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; LENGTH OF STAY (in this place) 50 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 122 S. Potomac St/

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 122 S. Potomac St.

3. NAME OF DECEASED (Type or Print): (First) Theodore (Middle) Warren (Last) Fahrney

4. DATE OF DEATH: (Month) January (Day) 19 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Mar 12 1861

9. AGE last birthday: 87 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Mapleville Wash. Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Benjamin Fahrney

14. MOTHER'S MAIDEN NAME: Lucy Newcomer Tice

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs. Theodore Fahrney

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Congestive heart failure	4 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardiac hypertrophy	Years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pneumonia, bronchial — 2 days

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 15, 1949, to Jan 19, 1949, that I last saw the deceased alive on Jan 19, 1949, and that death occurred at 5:30P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W. D. Layman M.D. 100 Professional Arts Bldg Hagerstown 21 Jan 1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: 1/22/49

NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

LOCATION (City, town, or county) (State): Hagerstown Wash. Co. Md

DATE REC'D BY LOCAL REG. Jan. 21, 1949

REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR ADDRESS: Andrew K. Coffman Hagerstown Md.

RECEIVED
JAN 24 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

157 469

0901

Reg. Dist. No. 301

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Williamsport
STATE: MARYLAND
LENGTH OF STAY (in this place): 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 28 East Fredrick St.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Williamsport
STREET ADDRESS (If rural, give location): 28 ast Fredrick St.

3. NAME OF DECEASED (Type or Print): (First) Lewis (Middle) Walter (Last) Fischer

4. DATE OF DEATH: (Month) Jan. (Day) 11, (Year) 19 49

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov.28,1888

9. AGE last birthday: 60 yrs. If under 1 year: Months 1, Days 13. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Vulcanizer

10b. KIND OF BUSINESS OR INDUSTRY: Garage

11. BIRTHPLACE (State or foreign country): Baltimore ,Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Lewis A. Fischer

14. MOTHER'S MAIDEN NAME: Bertha Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: 214-09-0597

17. INFORMANT: William Fischer;Hagerstown, ,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma, Probable Head of Pancreas — Interval Between Onset and Death: 5 mos

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 15, 1948, to Jan. 11, 1949, that I last saw the deceased alive on Jan. 11, 1949, and that death occurred at 11 30 P. m. from the causes and on the date stated above.

SIGNATURE (Degree or title): J. M. Zimmerman — ADDRESS: Williamsport Md. — DATE SIGNED: 1/13/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Jan.14,1949 — NAME OF CEMETERY OR CREMATORY: Greenlawn Cemetery — LOCATION (City, town, or county) (State): Williamsport, Maryland

DATE REC'D BY LOCAL REG.: Jan 17-49 — REGISTRAR'S SIGNATURE: E. L. McElroy

24. FUNERAL DIRECTOR: Edith V. Leaf ;Williamsport, Md. — ADDRESS

VS. A15

RECEIVED
JAN 15 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0902

180
52a

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 2 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Lena Rural.
STREET ADDRESS (If rural give location): Boonsboro Md. R.2

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Doris	Jean	Forrest	January	18	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	White	Single	June-18-1946	2-7-0 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	—	Mt. Lena Wash. Co. Md.	

13. FATHER'S NAME: Theodore R. Forrest
14. MOTHER'S MAIDEN NAME: Irene Corrine Draker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no.		None	Theodore R. Forrest Boonsboro Md. R.2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Embryonal Carcino Sarcoma of L. Kidney	8 months
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Aug 3-1948	Embryonal Carcinosarcoma of L. Kidney	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from April, 1948, to January 17, 1949, that I last saw the deceased alive on Jan 17, 1949, and that death occurred at 7:25 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Sidney Noverstein		Hagerstown Md	1/18/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial.	Janu. 20. 1949	Mt. Lena Cemetery	Mt Lena. Wash. Co. md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Janu. 19. 1949	Chas H. Bowers	Chas. J. Bast & Sons	Boonsboro Md.

RECEIVED
JAN 21 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore 4221

0903

CERTIFICATE OF DEATH 932 Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 24 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Cty Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 233 Alexander St

3. NAME OF DECEASED (Type or Print) (First) Jacob (Middle) Frederick (Last) Fourthman
4. DATE OF DEATH (Month) Jan. (Day) 27 (Year) 1949
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced
8. DATE OF BIRTH (Month, Day, Year) Apr. 13-1873
9. AGE last birthday 75-9-14 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Moulder - retired
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Waynesboro, Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME No record
14. MOTHER'S MAIDEN NAME No record
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. B. F. Blessing

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardio Vascular Lesions — Interval Between Onset and Death: 5 yrs

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-17-49 19..... to 1-27-49 19....., that I last saw the deceased alive on 1-26 19 49, and that death occurred at 7 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
I. Dewitt F. M.D. Hagerstown Md 1-27-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Jan. 31-1949
NAME OF CEMETERY OR CREMATORY Burns Hill
LOCATION (City, town, or county) (State) Waynesboro, Franklin Pa.

DATE REC'D BY LOCAL REG. Jan 28.1949
REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR ADDRESS Walter Y. Grove

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 31 1949
BUREAU V. S.

~~Birth~~ and Death 776 59 0904

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF ~~STILLBIRTH~~

Reg. Dist. No. 302

A certificate must be filed within 24 hours for every stillbirth of 20 weeks' gestation or more (see stub)

1. PLACE OF BIRTH:
   County Washington
   City or town Hagerstown
   (If outside city or town limits, write RURAL and give nearest town)
   Street address, hospital, or institution: Washington County Hospital
   Length of mother's stay in County 10 Years
   (How many years, or months, or days. SPECIFY WHICH)

2. USUAL RESIDENCE OF MOTHER:
   State Maryland
   County Washington
   City or town Hagerstown
   (If outside city or town limits, write RURAL and give nearest town)
   Street No. 497½ Mitchell Ave
   (If RURAL give LOCATION)

3. Name of child Gregory Lynn Fowler
4. Date of birth January 8 1949 Hour 5:25 A.M.
5. Sex Male
6. Twin or triplet
7. No. of weeks pregnancy 24

FATHER OF CHILD

8. Full name Warren Clayton Fowler
9. Color W
10. Age at time of this birth 25 yrs.
11. Usual occupation Fireman

MOTHER OF CHILD

12. Full maiden name Darlie Olive Sours
13. Color W
14. Age at time of this birth 29 yrs.
15. Usual occupation House wife

16. Other children born to mother (not including present child): (a) How many children of this mother are now living? 1
    (b) How many other children were born alive but are now dead? 2 (c) How many other children were *born* dead? 0
17. Did child die before labor? No During labor? No
18. Pregnancy, complications of None
19. Labor: (a) Complications of None
    (b) Induced? No
20. (a) Was there an operation for delivery? No (Yes or No)
    (b) State all operations, if any —
    (c) Did child die before operation? —
    During operation? —
21. Cause of stillbirth. Please be specific. For terms like prematurity, asphyxia, etc., try to add cause thereof.
    (a) Fetal causes Prematurity
    (b) Maternal causes —
22. I certify to the birth of this child who was born dead* on the date and hour above stated.
    Signature E H Bachtenkirch M.D. (Specify if M. D., midwife, or other)
    Address Hagerstown Md.
23. (a) Burial (Burial, cremation or removal) (b) Date thereof Jan 10 1949 (month) (day) (year)
    (c) Cemetery or ~~crematory~~ Rest Haven
24. (a) Funeral director Fred W Kraiss
    (b) Address Hagerstown, Maryland
25. (a) Jan 10 1949 (Date rec'd by registrar) (b) C Grant Rowland (Registrar)
26. (To be filled out if no physician was present at delivery.) The above certificate has been examined by me.
    Health Officer, per

* See Instruction C on stub.

V. S. A10

Child lived 4 hrs. 15 Min

RECEIVED
JAN 12 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

331
83a

0905

Reg. Dist. No. 305

1. PLACE OF DEATH:

County Washington

City or town Tilghmanton
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:
Boonsboro Md. R.1

How long in hospital or institution? at Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Tilghmanton
(If outside city or town limits, write RURAL and give nearest town)

Street No. Boonsboro Md R.1
(If rural, give LOCATION)

2.(a) If veteran, name war No.

3. (a) FULL NAME William Henry Groff

3. (b) Social Security Number 719-07-6308

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife Estella V. Jacobs Groff

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) January - 15 - 1872

8. AGE: Years 76 | Months 11 | Days 16 | If less than one day ..... hrs. ..... min.

9. Birthplace Tilghmanton Wash. Co. Md.
(Town, county, and state)

10. Usual occupation Retired Railroad Employee

11. Industry or business Norfolk & Western Railroad Co.

FATHER
12. Name Isaac Groff
13. Birthplace Wash. Co. Md.

MOTHER
14. Maiden name Amanda Suman
15. Birthplace Wash. Co. Md.

18. Informant Mrs. Estella V. Groff
Address Boonsboro Md. R.1

17. Burial (Burial, cremation, or removal. Which?) Date thereof January 4, 1949 (month) (day) (year)

Cemetery or crematory Manor Cemetery

Location Near Tilghmanton Md.

18. Funeral director Wm F. Bast & Sons
Address Boonsboro Md.

19. Jany. 3. 1949 (Date rec'd by registrar) John H. Bast Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January - 1 - 1949 at 1.30 A-M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 31 1948 to Jan. 1 1949 '49

and that I last saw him alive on Dec. 31 1948

Immediate cause of death

	DURATION
Cerebral Hemorrhage	12 hours
Due to Arteriosclerosis	2 years
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE D. M. Zimmerman M. D. or other

Address Williamsport Md. Date signed 1/1/49

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

M

Dr. Zimmerman

RECEIVED
JAN 5 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

4200 / 938 0906

CERTIFICATE OF DEATH

Reg. Dist. No. 303

1. PLACE OF DEATH: COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Charlton; HOSPITAL OR INSTITUTION OR STREET ADDRESS Big Springs Md; CHARLTON RFD BIG SPRING; MARYLAND; LENGTH OF STAY (In this place) 14 Yrs

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Charlton; STREET ADDRESS (If rural, give location) Big Springs Md.

3. NAME OF DECEASED (Type or Print): (First) GEORGIANA (Middle) Webb (Last) GROVE

4. DATE OF DEATH: (Month) JANUARY (Day) 10 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 9/11/68

9. AGE last birthday: 80 yrs. If under 1 year: Months 5, Days 26; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Marion Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John webb

14. MOTHER'S MAIDEN NAME: Frances Wise

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs. Roger Shank

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) VENTRICULAR FIBRILLATION	?
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) CORONARY OCCLUSION	10 MINUTES
	(c) HYPERTENSIVE ARTERIOSCLEROTIC HEART DISEASE	UNKNOWN

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: NONE

19b. MAJOR FINDINGS OF OPERATION: NONE

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify): NATURAL

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JULY 7, 1946, to JAN. 10, 1949, that I last saw the deceased alive on APRIL 13, 1948, and that death occurred at 11:05 P.m., from the causes and on the date stated above.

SIGNATURE: Cecil Robert Coker (Degree or title) M.D. ADDRESS: CLEAR SPRING, MARYLAND DATE SIGNED: JAN. 11, 1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial; DATE: 1/13/49; NAME OF CEMETERY OR CREMATORY: Little Rose Hill; LOCATION (City, town, or county) (State): Clear Springs Md.

DATE REC'D BY LOCAL REG.: Jan. 12, 1949; REGISTRAR'S SIGNATURE: Joseph W. Murray

24. FUNERAL DIRECTOR ADDRESS: Andrew K. Coffman

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 26 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Dr. Yeager 0907

443 93d

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; LENGTH OF STAY (In this place) 5 Mos; HOSPITAL OR INSTITUTION OR STREET ADDRESS 935 So Potomac St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; STREET ADDRESS (If rural give location) 935 So. Potomac St.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): MRS MARY LAVENIA HARNER

4. DATE OF DEATH (Month) (Day) (Year): Jany 18 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Mar 27 1879

9. AGE last birthday: 69 yrs. If under 1 year: Months 9, Days 22; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Baltimore Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George W. Herbert

14. MOTHER'S MAIDEN NAME: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No; (If year, give war or dates of service) —

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Jonas F. Harner Jr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypertensive Cardiovascular Disease. — Interval Between Onset and Death: 2 yrs +

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — 2 yrs +

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: No

(CITY OR TOWN) — (COUNTY) — (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —

INJURY OCCURRED While at Work ☐ Not While At work ☐ —

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 3-31, 19 8, to 1-18-, 19 49, that I last saw the deceased alive on 1-17-, 19 49, and that death occurred at 4:30P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W Howard Yeager M.D. Hagerstown. Md 1-19-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: 1/31/49

NAME OF CEMETERY OR CREMATORY: Rest Haven Cemetery

LOCATION (City, town, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL REG. Jan. 20, 1949

REGISTRAR'S SIGNATURE: Chas H Bowers

24. FUNERAL DIRECTOR: Andrew K. Coffman

ADDRESS: Hagerstown Md.

RECEIVED
JAN 24 1949
BUREAU V. S.

79

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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0908

CERTIFICATE OF DEATH

Reg. Dist. No. 303

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Washington County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Clear Spring
LENGTH OF STAY (in this place): 40 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Main Street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland COUNTY: Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Clear Spring, Md.
STREET ADDRESS (If rural, give location): Main Street

3. NAME OF DECEASED (Type or Print): (First) Frances Shirk (Middle) Hart (Last)

4. DATE OF DEATH: (Month) Jan. (Day) 6, (Year) 1949 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	Oct. 5, 1908	40 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Home Duties		Maryland	

13. FATHER'S NAME: John Shirk

14. MOTHER'S MAIDEN NAME: Bertha Murray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	212-24-5307	Edwin Hart- Clear Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Cardiac Failure	30 min
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Rheumatic Heart Dis.	6 mo.
	(c) Ac. Rheumatic Fever	6 mo.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June, 1948, to Jan 6, 1949 that I last saw the deceased alive on Jan 6, 1949, and that death occurred at 11:15 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
David R. Brewer M.D. Clear Spring Md. 1/8/49.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan. 9, 1948	Rose Hill Cem.	Clear Spring, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan 9 - 1949	Josephine Murray	Adrian H. Rowland	Clear Spring, M

RECEIVED
JAN 14 1949
BUREAU V. S.

0909

422.1
93d

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 304

1. PLACE OF DEATH:

County Washington

City or town Rural - Hancock
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 67 yrs.

~~Hospital, institution, or street~~ address where death occurred:
Route #1 Hancock

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Rural - Hancock
(If outside city or town limits, write RURAL and give nearest town)

Street No. 5 mi. west of Hancock on Route 40
(If rural, give LOCATION)

2.(a) If veteran, name war —

3. (a) FULL NAME
Frank Hess

3. (b) Social Security Number
—

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife —

6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct. 5, 1878

8. AGE:

Years	Months	Days	If less than one day
70	3	6	— hrs. — min.

9. Birthplace Fulton Co., Penna.
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business —

FATHER
12. Name Banner Hess
13. Birthplace Fulton Co., Penna.

MOTHER
14. Maiden name Mary Ann Hull
15. Birthplace Fulton Co., Penna.

16. Informant Mrs. Lydia E. Barnhart
Address Hancock, Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof Jan. 15, 1949
(month) (day) (year)

Cemetery or ~~crematory~~ Mt. Olivet Presbyterian

Location 5 mi. west of Hancock on Route 40

16. Funeral director Charles R. Bast
Address Hancock, Md.

19. 1-15-49 19 John Heller
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 11 1949 at 9:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 11 1949 to Jan 11 1949 and that I last saw him alive on Jan 11 1949

Immediate cause of death — DURATION

Chronic Myocarditis

Due to

Due to Arterio sclerotis (sclerosis)

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE L. M. Shaffer M.D.
M. D. or other

Address Hancock Md Date signed 1/13/49

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 18 1949
BUREAU V. S.

0910

481
33b

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown RFD#2
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
STREET ADDRESS (If rural, give location) Hagerstown R.F.D. # 2

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Eliza (Last) Hess

4. DATE OF DEATH (Month) Jan. (Day) 8 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Nov. 13, 1869
9. AGE last birthday 79 yrs. If under 1 year Months. Days. If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Home duties
11. BIRTHPLACE (State or foreign country) West Virginia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME George J. Boltz
14. MOTHER'S MAIDEN NAME Eliza Waters

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Katie E. Byers

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chr. Myocarditis	2 yrs
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) La Grippe	24 hrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/8/49, 19....., to 1/8/49, 19....., that I last saw the deceased alive on 1/8/49, 19....., and that death occurred at 8:30 a.m., from the causes and on the date stated above.

SIGNATURE S. W. Dittry (Degree or title) ADDRESS Hagerstown DATE SIGNED 1/11/49

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify)
DATE Jan. 11, 1949
NAME OF CEMETERY OR CREMATORY Johnsontown E.U.B.
LOCATION (City, town, or county) (State) Hedgesville, W. Va.

DATE REC'D BY LOCAL REG. Jan. 11, 1949
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR Howard K. Brown ADDRESS Martinsburg, W. Va.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
JAN 13 1949
BUREAU V. S.

0911

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

422.2
93d

Reg. Dist. No. 307

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brownsville Rural
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Brownsville Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brownsville Rural
STREET ADDRESS (If rural give location) Brownsville Md.

3. NAME OF DECEASED (Type or Print) (First) Emma (Middle) Jane (Last) Holmes.
4. DATE OF DEATH (Month) (Day) (Year) Jany. 28. 1949
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Jany. 27-1854
9. AGE last birthday 95-0-1 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Brownsville Wash. Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Jacob Holmes
14. MOTHER'S MAIDEN NAME Maria Stine
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None.
17. INFORMANT Mrs. Lena Campbell Brownsville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic myocarditis. — INTERVAL BETWEEN ONSET AND DEATH 6 yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 10, 1948, to Jan. 28, 1949, that I last saw the deceased alive on Jan 3, 1949, and that death occurred at 3.30 A m. from the causes and on the date stated above.

SIGNATURE G W Lewis M.D. (Degree or title) ADDRESS Boonsboro, Md. DATE SIGNED Jan 28, 49.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Jany 30. 1949
NAME OF CEMETERY OR CREMATORY Church of the Brethren Cemetery
LOCATION (City, town, or county) (State) Brownsville Wash. Co. Md.
DATE REC'D BY LOCAL REG. Jan 30 1949
REGISTRAR'S SIGNATURE Dorothea W. Castle Deputy
24. FUNERAL DIRECTOR Wm. J. Bast & Sons ADDRESS Boonsboro Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
FEB 1 1949
BUREAU V. S.

0912

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46b

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 41 W. North Street

3. NAME OF DECEASED (Type or Print) (First) Caroline (Middle) (Last) Hope

4. DATE OF DEATH (Month) January (Day) 24 (Year) 1949

5. SEX Female
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 2/23/1883
9. AGE last birthday 65 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Hagerstown, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Arthur White
14. MOTHER'S MAIDEN NAME Sally Parker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Mrs. Laura Dobbins

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Atalectasis - Rt & Left Lungs.	2 days.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma. Stomach - c̄ perforation	?
	(c) causing intraperitoneal abscess	3 wks

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Jan 22, 1949
19b. MAJOR FINDINGS OF OPERATION as above (b)
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 4th, 1949, to Jan 24th, 1949, that I last saw the deceased alive on Jan 23th, 1949, and that death occurred at 7 A m., from the causes and on the date stated above.

SIGNATURE Philip J. Kirkleman (Degree or title) MD ADDRESS 159 W. Washington St Hagerstown DATE SIGNED Md

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 1/27/49
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) Hagerstown (State) Md.

DATE REC'D BY LOCAL REG. Jan. 27, 1949
REGISTRAR'S SIGNATURE Chas. H. Bowers,
24. FUNERAL DIRECTOR William H Downey ADDRESS 291 Fredrick St Hagerstown

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 29 1949
BUREAU, V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

174
48a

0913

Reg. Diat. No. 301

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:

County: Washington.

City or town: Williamsport.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 9 Years.

Hospital, institution, or street address where death occurred:
57. Fenton Ave. Wiliamsport.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland. County: Washington.

City or town: Williamsport.
(If outside city or town limits, write RURAL and give nearest town)

Street No.: 57 Fenton Ave.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Eva Shank Hose.

3.(b) Social Security Number: None.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female.	White.	Married.

6.(b) Name of husband or wife: Russel D Hose.

6.(c) If alive, give age: 53. years

7. Birth date of deceased (mo., day, yr.): Aug, 4 1895

8. AGE: Years	Months	Days	If less than one day
53	5	1	hrs. min.

9. Birthplace: Williamsport Washington Md.
(Town, county, and state)

10. Usual occupation: Housewife.

11. Industry or business: Housewife.

FATHER
12. Name: John B Shank.
13. Birthplace: Pa.

MOTHER
14. Maiden name: Elizebeth B Oppe.
15. Birthplace: Near Williamsport. Md.

16. Informant: Russel D Hose.
Address: 57 Fenton Ave. Williamsport Md.

17. Burial. (Burial, cremation, or removal. Which?) Date thereof Jan. 7 1949. (month) (day) (year)

Cemetery or crematory: Greenlawn.

Location: Williamsport Md.

18 Funeral director: Edith V Leaf.

Address: Williamsport Md.

19. Jan 7 49 (Date rec'd by registrar) E Lee McElroy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 5 1949, at 6:30 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 1 1948 to Jan 5 1949 and that I last saw h[illegible] alive on Jan 4 1949

Immediate cause of death	DURATION
Carcinoma of Uterus	1 Year.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operation: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: Williamsport Md. Date signed: 1/6/49

RECEIVED
JAN 14 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

199.7 55 2 0914

Reg. Dist. No. 302

1. PLACE OF DEATH:
County: Washington
City or town: Hagerstown, Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 weeks
Hospital, institution, or street address where death occurred:
Washington County Hospital
How long in hospital or institution? 3 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Washington
City or town: Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No.: Pen-Mar, Md.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Pearl Elsie Etta Hurley

3.(b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Femal	white	single

6.(b) Name of husband or wife:
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): January 26, 1900

8. AGE: Years	Months	Days	If less than one day
48	11	24	hrs. min.

9. Birthplace: Pennsylvania
(Town, county, and state)
10. Usual occupation: Housekeeper
11. Industry or business

FATHER
12. Name: William Hurley
13. Birthplace: Frederick County, Md.

MOTHER
14. Maiden name: Genoa Drake
15. Birthplace: Frederick County, Md.

16. Informant: Harold H. Lospe
Address: Pen Mar - Pa.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan. 23, 1949 (month) (day) (year)
Cemetery or crematory: Bethel Church Cemetery
Location: Highfield, Md.

18. Funeral director: S. L. Allison
Address: Fairfield, Pa.

19. Jan 21, 1949 (Date rec'd by registrar) Chas. H. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 1-20-1949 at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12/28 1948, to 1-20 1949
and that I last saw her alive on 1-20 1949

	DURATION
Immediate cause of death: Adenocarcinoma ~~of~~ Primary Site undetermined (abdominal).	Unknown - probably 3 or 4 months.
Due to:	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations: Biopsy of umbilical nodule showed adenocarcinoma Date of op. 1/17/49
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: John H. Hornbaker M.D.
M. D. or other
Address: 154 W. Washington St. Hagerstown, Md. Date signed: 1-21-49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

RECEIVED
JAN 24 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0915

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920

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH
COUNTY: Washington
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 15 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 435 W. Frnaklin

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
John	W	Jamison	Jan.	17	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Widowed	Nov. 10, 1872	76 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Cement Mill	Chestnut-Grove-Wash.-Md	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Jamison	Mary Aimesworth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	None	Mrs. Earl Holmes

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion.	2 week.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio-Sclerosis	(?)
	(c) Chronic Endocarditis	?
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	0	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
0	0			

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
0			m.		

22. I hereby certify that I attended the deceased from 12/21, 1948, to 1/17, 1949, that I last saw the deceased alive on 1/15, 1949, and that death occurred at 7:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Victor D. Miller — DR. VICTOR D. MILLER, — ADDRESS: 131 W. WASHINGTON ST., HAGERSTOWN, MD. — DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan. 20, 1949	Samples-Manor	Near-Dargan--Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan. 17 1949	Chas H Bowers	R. I. Earnshaw----Keedysville, Md	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 19 1949
BUREAU OF M.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0916

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Reg. Dist. No. 3021

1. PLACE OF DEATH — COUNTY: Washington — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hagerstown — LENGTH OF STAY (in this place): 62 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 130 Broadway

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Wash.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hagerstown
STREET ADDRESS (If rural give location): 130 Broadway

3. NAME OF DECEASED (Type or Print) (First): v Carrie (Middle): Grace (Last): Johnston

4. DATE OF DEATH (Month): Jan. (Day): 13 (Year): 1949

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Feb. 19.1872
9. AGE last birthday: 76 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Lewis Leiter
14. MOTHER'S MAIDEN NAME: Sarah Mentzer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: -----
17. INFORMANT: C.Harold Johnston

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chr. Myocarditis — 1 year

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) La Grippe — 10 days

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-11-49, 19....., to 1-13-49, 19....., that I last saw the deceased alive on 1-13-49, 19....., and that death occurred at 8:30 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Dr EW Ditto Jr — ADDRESS: Hagerstown Md — DATE SIGNED: 1/14/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Jan.16-49 — NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery — LOCATION (City, town, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL REG.: Jan 15, 1949 — REGISTRAR'S SIGNATURE: Chas H Bowers

24. FUNERAL DIRECTOR: Scott F. Minnich & Son — ADDRESS: Hag. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 18 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0917 306

Dr. Wells 924.0 182

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY: Washington	MARYLAND	STATE: Maryland COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Smithsburg	LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Smithsburg R # 2
HOSPITAL OR INSTITUTION OR STREET ADDRESS: R. F. D.		STREET ADDRESS (If rural give location): Greensburg Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
DENNIS WAYNE KLINE			Jany 14 1949 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	White	Single	Nov. 20 1948	yrs.	1	22		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	Infant	Hagerstown Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Kenneth E. Kline Sr.	Daisy Marie Duvall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
None	--	None	Kenneth E. Kline

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Asphyxia from suffocation

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Suffocated in bed clothing - In bed with parents

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
Accident	Home	Smithsburg R.F.D.	Wash.	Md.

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
Jan. 14 1949 4 A. m.		Suffocated in bed clothing

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
L. Robert Wells M.D.	DEPUTY MEDICAL EXAMR WASH. CO. MD.	5 N. Potomac St. Hagerstown, Md.	1/15/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	1/15/49	Rose Hill Cemetery	Hagerstown Md.	

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan. 15, 1949	Geo. W. Ferguson Local Reg	Andrew K. Coffman	Hagerstown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 19 1949
BUREAU F. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Appletown 'Rural'
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Boonsboro Md. R.2

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Appletown Rural
STREET ADDRESS (If rural give location) Boonsboro Md. R.2

3. NAME OF DECEASED (Type or Print) (First) Seibert (Middle) David (Last) Kline
4. DATE OF DEATH (Month) (Day) (Year) January - 24 - 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Aug 31. 1880
9. AGE last birthday 68-4-23 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Last Employed by Co. Road Dept.
10b. KIND OF BUSINESS OR INDUSTRY Road Building
11. BIRTHPLACE (State or foreign country) Near Boonsboro Wash. Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Kline
14. MOTHER'S MAIDEN NAME Catherine Easterday

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — No — (If year, give war or dates of service)
16. SOCIAL SECURITY NO. 213-12-7215
17. INFORMANT Alton Kline Boonsboro Md. R.2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchopneumonia (Terminal)

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Cardio-vascular - Renal disease — 1 yr. plus.

(c) Hypertrophy of the Prostate gland (Benign) — 9 yr. plus.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 21, 1949, to Jan. 24, 1949, that I last saw the deceased alive on Jan 21, 1949, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE Walter H. Sheahy (Degree or title) M.D. ADDRESS Sharpsburg, Md. DATE SIGNED Jan 25/1949

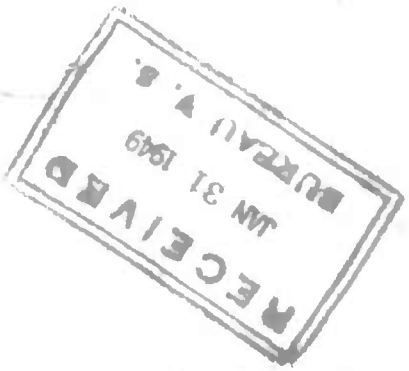
23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE January 27-1949
NAME OF CEMETERY OR CREMATORY Boonsboro Cemetery
LOCATION (City, town, or county) (State) Boonsboro Wash. Co. Md.

DATE REC'D BY LOCAL REG. Jany. 27. 1949
REGISTRAR'S SIGNATURE John H. Bast
24. FUNERAL DIRECTOR Wm. J. Bast & Sons ADDRESS Boonsboro Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15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JAN 31 1949
BUREAU V. S.

81

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 303

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Washington — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Clearspring — LENGTH OF STAY (in this place): Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Clearspring
HOSPITAL OR INSTITUTION OR STREET ADDRESS:	STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
MARY	ANN	KNEPPER	January 19, 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	10/8/1875	73 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Home Duties		Clearspring, Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George W. Blover	Sarah C. Wishard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	None	Mrs. William Hart

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CORONARY OCCLUSION	1 MINUTE
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) DIABETES MELLITUS	3 YEARS
	(c) HYPERTENSIVE CARDIOVASCULAR DISEASE	UNKNOWN
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
NONE	NONE	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
NONE	NONE	CLEAR SPRING,	WASHINGTON,	MARYLAND

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
NONE m.		NONE

22. I hereby certify that I attended the deceased from Nov. 20, 1938, to JAN. 19, 1949, that I last saw the deceased alive on JAN. 9, 1949, and that death occurred at 3:30 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Archie Robert Cohen	M. D.	CLEAR SPRING, MARYLAND	JAN. 19, 1949

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan. 22, 1949	St. Paul's Cemetery	Western Pike, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan 22/49	Joseph W. Murray	Snyder-Rowland	Clearspring, Md.

VS. A15

RECEIVED
FEB 7 1949
BUREAU V. S.

Dr. Hornbaker
0920

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61

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 303

1. PLACE OF DEATH:

County: Washington

City or town: Hagerstown R.F.D.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place at death? 2 Years

Hospital, institution, or street address where death occurred: Gateway Nursing Home

How long in hospital or institution? 2 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

Street No.: 1134 Oak Hill Ave
(If rural, give LOCATION)

2.(a) If veteran, name war: None

3. (a) FULL NAME: MRS. NORA HUGHES KRIETE

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	Widow

6.(b) Name of husband or wife: Howard W.

6.(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): January 4 1875

8. AGE: Years	Months	Days	If less than one day
74	—	—	hrs. min.

9. Birthplace: Baltimore Md.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: Own Home

FATHER
12. Name: Edward Hughes
13. Birthplace: Ireland

MOTHER
14. Maiden name: Catherine Logan
15. Birthplace: Baltimore Md.

16. Informant: Edwin J. Smead
Address: Hagerstown Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 1/5/49 (month) (day) (year)

Cemetery or crematory: Lorraine Cemetery

Location: Baltimore Md.

18. Funeral director: Andrew K. Coffman
Address: Hagerstown Md.

19. 1-4-1949 (Date rec'd by registrar) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 4 1949 19 at 6.50 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 17 1939, to Jan 4 1948 and that I last saw her alive on Dec 5 1948

	DURATION
Immediate cause of death: Gangrene of r. foot c̄ resulting toxemia	2 mo.
Due to: Generalized arteriosclerosis	Unknown
Due to:	
Other conditions: Diabetes mellitus	23 years
Parkinson's Syndrome, arteriosclerotic	10 years

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: John H Hornbaker M.D. M. D. ~~or other~~

Address: 154 W. Washington St. Hagerstown Md. Date signed: 1-4-49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

RECEIVED
FEB 7 1949
BUREAU Y. S.

0921

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

450.0
97

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH:

County Washington

City or town Boonsboro
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 9 mos. - 11 days

Hospital, institution, or street address where death occurred: Guilford Nursing Home

How long in hospital or institution? 9 mos. 11 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Pennsylvania County Franklin

City or town Waynesboro
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Mary E. Kurtz

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 4 - 1863

8. AGE:

Years	Months	Days	If less than one day
85	7	7	hrs. min.

9. Birthplace Waynesboro - Franklin - Penna
(Town, county, and state)

10. Usual occupation Teacher

11. Industry or business Guest House - Penna.

FATHER
12. Name Joseph F. Kurtz
13. Birthplace Somerset, Pa.

MOTHER
14. Maiden name Annie E. Neagley
15. Birthplace Baltimore - Md.

16. Informant Carrie B. Kurtz
Address Boonsboro, Md.

17. Burial Date thereof 1/13/49
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Green Hill Cemetery

Location Waynesboro, Pa.

18. Funeral director Walter Grove
Address Waynesboro, Pa.

19. Jany - 11 - 1949 John H. Bast
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan - 11 - 1949 at 11.15 a. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April - 6 - 1948 to Jan - 11 - 1949 and that I last saw her alive on Jan - 10 - 1949

Immediate cause of death	DURATION
General Arteries - Sclerosis	9 mo. 5 days
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. Shubert Made - M. D.
M. D. or other

Address Boonsboro - Md. Date signed 1/11/49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

RECEIVED
JAN 18 1949
BUREAU F. S.

Dr. Bowman

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

762.5
159

0922

CERTIFICATE OF DEATH

Reg. Diat. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 Days

Hospital, Institution, or street address where death occurred:
Washington county Hospital

How long in hospital or institution? 2 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

Street No. 655 North Mulberry St
(If rural, give LOCATION)

2.(a) If veteran, name war None

3.(a) FULL NAME STEPHEN NEIL LANE

3.(b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife --

6.(c) If alive, give age - years

7. Birth date of deceased (mo., day, yr.) December 30 1948

8. AGE: Years	Months	Days	If less than one day
		2	hrs. min.

9. Birthplace Hagerstown Wash. Co. Md.
(Town, county, and state)

10. Usual occupation Infant

11. Industry or business ---

FATHER
12. Name Neil Reid Lane

13. Birthplace Hagerstown Md.

MOTHER
14. Maiden name Audrey J. Brown

15. Birthplace Middleburg Pa.

16. Informant Neil R. Lane

Address Hagerstown Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1/3/49 (month) (day) (year)

Cemetery or crematory Rest Haven Cemetery

Location Hagerstown Md.

18. Funeral director Andrew K. Coffman

Address Hagerstown Md.

19. Jan. 3, 1949 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

A

20. DATE OF DEATH January 1 1949 19.. at 12.05 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12/30 1948, to 1/1 1949 and that I last saw him alive on 1/1/49

Immediate cause of death	DURATION
Atelectasis	
Due to	
Due to Premature	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE W R Bowman M D
M. D. or other

Address Hagerstown, Md. Date signed 1/3/49

VS-A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JAN 5 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0923

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 612 Sunset Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland. COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 612 Sunset Ave.

3. NAME OF DECEASED (Type or Print): (First) Arthur (Middle) S. (Last) Lanich

4. DATE OF DEATH: (Month) (Day) (Year) Jan. 27, 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Aprill, 1872

9. AGE last birthday: 76 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: Teacher

11. BIRTHPLACE (State or foreign country): Baraboo, Wis.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph Lanich

14. MOTHER'S MAIDEN NAME: Susan Lanich

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs. Myrtle Lanich

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	Immediate
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) arteriosclerosis	?
	(c) Hypertension	?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 5, 1948, to Jan 27, 1949, that I last saw the deceased alive on 1/26, 1949, and that death occurred at 5 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H. L. Porterfield M.D. 136 W Washington St. 1/28/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: Jan. 29, 1949

NAME OF CEMETERY OR CREMATORY: Rest Haven Cemetery

LOCATION (City, town, or county) (State): Hagerstown, Maryland

DATE REC'D BY LOCAL REG.: Jan. 29, 1949

REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR ADDRESS: Fred W. Kraiss Hagerstown, Md.

VS. A15

RECEIVED
FEB 1 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

413 932 0924

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:

County: Washington

City or town: Maugansville

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 30 years

Hospital, institution, or street address where death occurred:

Maugansville

How long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Maugansville

(If outside city or town limits, write RURAL and give nearest town)

Street No. -

(If rural, give LOCATION)

2.(a) If veteran, name war: non-vet.

3.(a) FULL NAME: JOSEPH W. MARTIN

3.(b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6.(b) Name of husband or wife: Mary Martin - Dead

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): May 30, 1862

8. AGE:

Years	Months	Days	If less than one day
86	7	19	..... hrs. ..... min.

9. Birthplace: Lancaster County, Pa.
(Town, county, and state)

10. Usual occupation: Retired Farmer

11. Industry or business: -

FATHER 12. Name: Abram Martin

13. Birthplace: Pennsylvania

MOTHER 14. Maiden name: Barbara Wenger

15. Birthplace: Pennsylvania

16. Informant: Mrs. Harvey Horst

Address: Maugansville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1/22/49 (month) (day) (year)

Cemetery or crematory: Reiff Mennonite

Location: Washington County, Md.

18. Funeral director: W. T. Norment

Address: Hagerstown, Md.

19. Jan. 20 1949 (Date rec'd by registrar) Chas. H. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 19 1949 at 1:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 29 1948, to death 19..... and that I last saw him alive on January 16 1949

Immediate cause of death	DURATION
Pulmonary edema	
Due to Cardiac decompensation	
Due to Hypertensive cardiovascular disease	
Other conditions Bronchopneumonia, probably	

(Include pregnancy within 3 months of death)

Major findings of operations: .....

Date of op. .....

Autopsy results: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: Robert T. Keadle M. D. or other

Address: Hagerstown Md Date signed 1-20-49

RECEIVED
JAN 24 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

410/92b

0925

Reg. Diat. No. 302

1. PLACE OF DEATH:

County: Washington

City or town: Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 8 months

Hospital, institution, or street address where death occurred:
Washington County Hospital

How long in hospital or institution? 1 week

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

Street No. Preston Road
(If rural, give LOCATION)

2.(a) If veteran, name war: non-vet.

3.(a) FULL NAME

VIVIAN MORRING MATHEWS

3.(b) Social Security Number

none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6.(b) Name of husband or wife: John W. Mathews

6.(c) If alive, give age: 34 years

7. Birth date of deceased (mo., day, yr.): April 29, 1922

8. AGE: Years	Months	Days	If less than one day
26	8	8	...hrs. ...min.

9. Birthplace: Huntsville, Madison Co., Ala.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: -

FATHER 12. Name: Carl A. Morring

13. Birthplace: Alabama

MOTHER 14. Maiden name: Zala Given

15. Birthplace: Alabama

16. Informant: John W. Mathews

Address: Preston Road, Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 1/11/49 (month) (day) (year)

Cemetery or crematory: Maple Hill

Location: Huntsville, Ala.

18. Funeral director: W. T. Norment

Address: Hagerstown, Md.

19. Jan. 8, 1949 (Date rec'd by registrar) Elsie H. Bowers, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 7 1949, at 1:10 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5-1 1948, to 1-7 1949

and that I last saw h-r alive on 1-7- 1949

Immediate cause of death	DURATION
Rheumatic Heart Disease with Mitral Stenosis + Insufficiency	15 yrs
Due to	
Due to	
Other conditions: Bronchial Asthma	25 yrs

(Include pregnancy within 3 months of death)

Major findings of operations: ...Date of op. ...

Autopsy results: ...

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ... Date of ...

Where did injury occur? ... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ...

Means of injury ... Injured at work?

23. SIGNATURE: Dalton M. Welty M.D.
M. D. or other

Address: Hagerstown Md. Date signed: 1-8-49

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 11 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0926

Dr. Ralph Young

CERTIFICATE OF DEATH

94a

Reg. Dist. No. 305

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Breathedsville | LENGTH OF STAY (In this place) 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Boonsboro R. # 1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Breathedsville
STREET ADDRESS (If rural give location) Boonsboro R # 1

3. NAME OF DECEASED (Type or Print) (First) FRANK (Middle) MILTON (Last) MELLOTT

4. DATE OF DEATH (Month) (Day) (Year) Jany 30 1949

5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH Mar 19 1880 | 9. AGE last birthday 68 yrs. | If under 1 year Months | Days | If under 24 hrs. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) McConnelsburg Pa. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Nathan Mellott | 14. MOTHER'S MAIDEN NAME Julia Naugle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. None | 17. INFORMANT John Franklin Mellott

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 10 MIN.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) None

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/30/49 19..... to 1/30/49, 19....., that I last saw the deceased alive on 1/30/49, 19....., and that death occurred at 11:30 A.M., from the causes and on the date stated above.

SIGNATURE Cath F. Young (Degree or title) | ADDRESS Williamsport Md | DATE SIGNED 1/31/49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE 2/2/49 | NAME OF CEMETERY OR CREMATORY Pleasant Ridge cemetery | LOCATION (City, town, or county) Pleasant Ridge Washington Co (State) Pa.

DATE REC'D BY LOCAL REG. February 1. 1949 | REGISTRAR'S SIGNATURE John H. Bast

24. FUNERAL DIRECTOR Andrew K. Coffman | ADDRESS Hagerstown Md

RECEIVED
FEB 3 1949
BUREAU V. S.

RECEIVED
FEB 3 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

Dr. Yeager 0927

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

422.1
93d

Reg. Dist. No. ~~302~~ 301

EVIDENCE FOR ADDITION IN # 18 IS ON: FWM # G119 - 3-8-49

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Downsville
LENGTH OF STAY (in this place) 8 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Downsville, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dowensville Md.
STREET ADDRESS (If rural give location) None

3. NAME OF DECEASED (Type or Print) (First) Alice (Middle) Graham Miller (Last)

4. DATE OF DEATH (Month) (Day) (Year) Jan. 22/49 19

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 2/9/1868
9. AGE last birthday 80 yrs. If under 1 year Months 10 Days 13 If under 24 hrs. Hours Mio.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work
10b. KIND OF BUSINESS OR INDUSTRY Owen Home
11. BIRTHPLACE (State or foreign country) Lancaster Co. Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME Andrew M. Graham
14. MOTHER'S MAIDEN NAME Isabelle Breniesen,

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, oo, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Joseph C. Miller

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardiovascular Disease c̄ acute failure	8-10-48
Antecedent cause(s)	(b) Pulmonary Tuberculosis, chronic (not active)	1928
Diseases or conditions, if aoy, giving rise to the above cause statiog the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Cooditions contributiog to the death but not related to the disease or cooditioo causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) no
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) no
(CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Mooth) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 8-10-1948, to 1-22-1949, that I last saw the deceased alive on 1-20-1949, and that death occurred at 3:20 P m., from the causes and on the date stated above.

SIGNATURE W. Howard Yeager M.D. (Degree or title) ADDRESS Hagerstown, Md DATE SIGNED 1-24-49

23. BURIAL, CREMATION REMOVAL, (Specify) Burial
DATE 1/25/49
NAME OF CEMETERY OR CREMATORY Presbyterean Cemetery
LOCATION (City, towo, or couoty) (State) Gerrardstown W. Va.

DATE REC'D BY LOCAL REG. Jan. 24, 1949
REGISTRAR'S SIGNATURE E Lee McElroy
24. FUNERAL DIRECTOR Andrew K. Coffman ADDRESS

RECEIVED
JAN 28 1949
BUREAU V. S.

0928

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

751 / 157a

Reg. Dist. No. 302

1. PLACE OF DEATH — COUNTY: Washington County — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown, Md. — LENGTH OF STAY (in this place): 3 mo. 22 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Children's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural (Samples Manor)
STREET ADDRESS (If rural give location): R.F.D. #1, Harpers Ferry, West Va.

3. NAME OF DECEASED (Type or Print) (First): Estelle (Middle): Katherine (Last): Mills.

4. DATE OF DEATH (Month) (Day) (Year): January 22 1949

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): —
8. DATE OF BIRTH: Oct. 1, 1948
9. AGE last birthday: — yrs. — If under 1 year: Months 3 Days 22 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Washington County, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles William Mills
14. MOTHER'S MAIDEN NAME: Mary Mildred Wood.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Charles W. Mills.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) congenital hydrocephalus

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) spino-bifida, meningocele

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? ~~Yes~~ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 11:55 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS: Philip Pines M.D. DATE SIGNED: 1/23/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 1/25/49 — NAME OF CEMETERY OR CREMATORY: Brownsville Cemetery — LOCATION (City, town, or county): Brownsville, Md. (State)

DATE REC'D BY LOCAL REG: Jan. 25, 1949 — REGISTRAR'S SIGNATURE: Chas. H. Bowers,
24. FUNERAL DIRECTOR: Melvin F. Strider, Charles Town, W. Va. — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 27 1949
BUREAU F. S.

0929

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

331

CERTIFICATE OF DEATH

83a

Reg. Dist. No. 302

1. PLACE OF DEATH · COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leitersburg — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leitersburg
HOSPITAL OR INSTITUTION OR STREET ADDRESS Main St	STREET ADDRESS (If rural give location) Main St.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) FRANK DARBY MINER				4. DATE OF DEATH (Month) (Day) (Year) Jan - 25 1949			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Apr. 16 1871	9. AGE last birthday 77 yrs.	If under 1 year Months 9	Days 11	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY P.W.A.	11. BIRTHPLACE (State or foreign country) Leitersburg Md		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Samuel Miner			14. MOTHER'S MAIDEN NAME Clara Rodgers				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) --		16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs. Zella M. Miner				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral hemorrhage	48 hrs
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized Arterio sclerosis	15 yrs
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1930, to Jan-25, 1949, that I last saw the deceased alive on Jan-25, 1949, and that death occurred at 1:20 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Walter Hinshard M.D. 152 Dinain Waynesboro Pa 1/26/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 1/28/49	NAME OF CEMETERY OR CREMATORY Lutheran cemetery	LOCATION (City, town, or county) (State) Leitersburg Wash. Co.
DATE REC'D BY LOCAL REG. Jan. 28, 1949	REGISTRAR'S SIGNATURE Chas H Bowers	24. FUNERAL DIRECTOR Andrew K. Coffman	ADDRESS Hagerstown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 31 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

8125 170 C

0930

Reg. Dist. No. 301

1. PLACE OF DEATH:

County: Washington

City or town: Hagerstown, Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 25 years

Hospital, Institution, or street address where death occurred: Williamsport Pike

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Pennsylvania County: Franklin

City or town: Blue Ridge Summit

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war: ✓

3.(a) FULL NAME: John T. Misner

3.(b) Social Security Number: NONE

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widow

6.(b) Name of husband or wife:

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): March 20, 1877

8. AGE:

Years	Months	Days	If less than one day
71	9	11	hrs. min.

9. Birthplace: Garfield, Maryland (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business

FATHER — 12. Name: John T. Misner

13. Birthplace: Garfield, Maryland

MOTHER — 14. Maiden name: Julianna Harrison

15. Birthplace: Garfield, Maryland

16. Informant: Mrs. Daisy Patterson

Address: Waynesboro, Pa.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1-7-49 (month) (day) (year)

Cemetery or crematory: Rose Hill Cemetery

Location: Hagerstown

18. Funeral director: C. M. Suter & Sons

Address: Hagerstown, Maryland

19. Jan. 7, 1949 (Date rec'd by registrar) Mrs. Edna Lee M. Elroy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 1 19 49 at about 7:10 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....

and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
)Open fracture of skull	
Due to: Multiple fractures of lower extremities (open)	
Due to:	
Other conditions: shock	

(Include pregnancy within 3 months of death)

Major findings of operations: None Date of op.

Autopsy results: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accident Date of 1/1/49

Where did injury occur? Near Hagerstown (City or town) Wash. (County) Md. (State)

Injured at home, farm, industry, public place (where?) Williamsport Pike

Means of Injury: Hit by auto Injured at work? No

23. SIGNATURE: I. Robert Wells DEPUTY MEDICAL EXAM. WASH. CO., MD. M. D. or Coroner

Address: Hagerstown, Md. Date signed: Dec. 3. 49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 9-45-15M

Dr Wells

RECEIVED
JAN 14 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

8255 170C 0931

Reg. Diat. No. 302

1. PLACE OF DEATH:
County: Washington
City or town: Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 48 years
Hospital, Institution, or street address where death occurred:
Washington County Hospital
How long in hoepital or institution? 10 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Washington
City or town: Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
Street No.: 605 Sunset Ave.
(If rural, give LOCATION)
2.(a) If veteran, name war: --

3.(a) FULL NAME: Sara Rhoda Morrison

3.(b) Social Security Number: --

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	white	married

6.(b) Name of husband or wife: Edgar B. Morrison, Sr.
6.(c) If alive, give age: 65 years

7. Birth date of deceased (mo., day, yr.): March 13, 1879

8. AGE: Years	Months	Days	If less than one day: hrs.	min.
69	9	21		

9. Birthplace: Lantz, Frederick Co., Md. (Town, county, and state)
10. Usual occupation: housewife
11. Industry or business: own home

FATHER
12. Name: Frederick N. Wilhide
13. Birthplace: Lantz, Md.

MOTHER
14. Maiden name: Mary E. Stull
15. Birthplace: Thurmont, Md.

16. Informant: Edgar B. Morrison, Sr.
Address: Hagerstown, Md.

17. burial (Burial, cremation, or removal. Which?) Date thereof: 1-6-49 (month) (day) (year)
Cemetery or crematory: Rest Haven Cemetery
Location: Hagerstown, Md.

18. Funeral director: Scott F. Minnich & Son
Address: Hagerstown, Md.

19. Jan. 6. 1949 (Date rec'd by registrar) Chas. H. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 4 1949 at 1:25 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....
and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
Mex Open fracture (L) f. femur	12 d
Due to: acute pulmonary artery thrombosis	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....
Autopsy results: no
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Accident Date of: Dec 24 '48
Where did injury occur? Hagerstown (City or town) Wash. (County) Md. (State)
Injured at home, farm, industry, public place (where?): Corner Summit & Antietam St.
Means of injury: In auto accident Injured at work? No

23. SIGNATURE: S. Rober[illegible] DEPUTY MEDICAL EXAM. WASH. CO., MD. M. D. or other
Address: Hagerstown, Md. Date signed: 1/5/49

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct name is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

RECEIVED
JAN 10 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

420.0
940

0932

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Hagerstown Washington Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockdale, Maryland | LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County JAIL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockdale · Near Clearboss
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) EARL (Middle) Chritzman (Last) Mower

4. DATE OF DEATH: (Month) Jan. (Day) 23 (Year) 1949

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: July 19-1903 | 9. AGE last birthday: 45 yrs. | If under 1 year: Months 6 Days | If under 24 hrs.: Hours 4 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer | 10b. KIND OF BUSINESS OR INDUSTRY: Farmer | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Henry Mowen | 14. MOTHER'S MAIDEN NAME: Sara Bell Needy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): unknown | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: 205-09-0561 | 17. INFORMANT: Mrs Rosalee Mowen

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute coronary occlusion

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Arterio-sclerotic coronary heart disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Confined to jail 20 hrs. previous to death

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION on drunkeness | 20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) no | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sudden, to Death, 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 11:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO., MD. | ADDRESS | DATE SIGNED
S. Robert Wells, MD | Hagerstown, Md. | 1/24/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE 1/26/49 | NAME OF CEMETERY OR CREMATORY Ch of God Broadfording | LOCATION (City, town, or county) Broadfording WASH Co (State) Md

DATE REC'D BY LOCAL REG. Jan. 26.49 | REGISTRAR'S SIGNATURE C Hart Bowers | 24. FUNERAL DIRECTOR C M Sutter & Sons | ADDRESS Hagerstown Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
JAN 28 1949
BUREAU OF S.

Dr. Wade

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

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VS: A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0933

450 D

132

CERTIFICATE OF DEATH

Reg. Dist. No. 307

1. PLACE OF DEATH
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rohrersville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Main St.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rohrersville
STREET ADDRESS (If rural give location): Main St.

3. NAME OF DECEASED (Type or Print): (First) Samuel (Middle) J (Last) Mullendore

4. DATE OF DEATH: (Month) January (Day) 14 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 27 - 1866

9. AGE last birthday: 82-6-17 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: own Farm

11. BIRTHPLACE (State or foreign country): Rohrersville Wash. Co. Md.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John A. Mullendore

14. MOTHER'S MAIDEN NAME: Susan Beader

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs. Lizzie Mullendore Rohrersville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Uremia	2 Days
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Nephritis	9 months
	(c) Arterio Sclerosis	9 months
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Prostatectomy	9 months

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.):

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 18, 1948, to Jan. 14, 1949, that I last saw the deceased alive on Jan. 12, 1949, and that death occurred at 5:00 P. m., from the causes and on the date stated above.

SIGNATURE: Herbert Wade (Degree or title): M. D. ADDRESS: Boonsboro Md. DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (Specify): Interment — DATE: Jany. 17. 1949 — NAME OF CEMETERY OR CREMATORY: Boonsboro Mausoleum — LOCATION (City, town, or county) (State): Boonsboro Md.

DATE REC'D BY LOCAL REG.: 1-17-49 — REGISTRAR'S SIGNATURE: Mortimore Hagerhast

24. FUNERAL DIRECTOR: Wm. J. Bast & Sons — ADDRESS: Boonsboro Md.

RECEIVED
JAN 20 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Br 0934

420.0
93d

Reg. Dist. No. 306

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cascade
LENGTH OF STAY (in this place) 50 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ritchie Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1209 Rutland ave.

3. NAME OF DECEASED (Type or Print) (First) Cloyed (Middle) Edward (Last) Myers

4. DATE OF DEATH (Month) Jan (Day) 31 (Year) 1949

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Mar 7, 1881

9. AGE last birthday 67 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none recently

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Mount Alto, Pa.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Charles Myers

14. MOTHER'S MAIDEN NAME Maggie Bowers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT Hosp. records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary thrombosis	5 min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Heart Disease	5 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 10, 1948, to Jan 31, 1949, that I last saw the deceased alive on Jan 30, 1949, and that death occurred at 3 A m., from the causes and on the date stated above.

SIGNATURE T.M. Arrington (Degree or title) M.D. ADDRESS Ritchie Hosp. Cascade, Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) ~~Moveland Mem Park~~ DATE THEREOF 2-3-49 NAME OF CEMETERY OR CREMATORY Moveland Mem Park LOCATION (City, town, or county) Balto Md (State)

DATE REC'D BY LOCAL REG. 2/2/49 REGISTRAR'S SIGNATURE A.W. Hedrick DM

24. FUNERAL DIRECTOR Albert L. Hiltz Jr. ADDRESS 1606 N Chester St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0935

422.2
93d

Reg. Dist. No. 307

1. PLACE OF DEATH:

County Washington

City or town Dargan
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 66 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Dargan
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME Margaret Ellen Myers

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6.(b) Name of husband or wife John Edward Myers

6.(c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) February 15, 1882

8. AGE: Years	Months	Days	If less than one day
66	11	14	hrs. min.

9. Birthplace Samples Manor, Washington, Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own Home

FATHER
12. Name Thomas J. Moore
13. Birthplace Samples Manor, Maryland

MOTHER
14. Maiden name Alice Eichelberger
15. Birthplace Samples Manor, Maryland

16. Informant Mr. John Edward Myers
Address R.F.D.#1, Harpers Ferry, W. Va.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 1, 1949 (month) (day) (year)

Cemetery or crematory Samples Manor Cemetery

Location Samples Manor, Maryland

18. Funeral director Melvin T. Stinder
Address Charles Town, West Va.

19. Feb 3 1949 Cornelius W. Castle Deputy Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH January 29, 1949, at 11:30AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 1943, to Jan. 29 1949 and that I last saw her alive on Jan. 29, 1949

Immediate cause of death	DURATION
Chronic myocarditis	5 Yrs
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Walter H. Sheaby M.D. M. D. or other

Address Sharpsburg, Md. Date signed 2/3/49

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
FEB 8 1949
BUREAU V. S.

6

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Bc 0936

450 0 / 95C

CERTIFICATE OF DEATH

Reg. Dist. No. 306

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cascade. LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Richie Hospital Cascade Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore.
STREET ADDRESS (If rural, give location) 1047 - Caroline St. ✓

3. NAME OF DECEASED (Type or Print) (First) Molli (Middle) R (Last) Patterson.
4. DATE OF DEATH (Month) 1. (Day) 28. (Year) 1949
5. SEX female.
6. COLOR OR RACE coloured.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Dec. 25. 1883.
9. AGE last birthday 65 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Maryland.
12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME —
14. MOTHER'S MAIDEN NAME —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT Hospital Records. Richie Hospital.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) RENAL INSUFFICIENCY.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ~~ART~~ cardiac decompensation,

(c) arteriosclerosis.

INTERVAL BETWEEN ONSET AND DEATH: unknown.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐ —
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 15. I, 1949, to 28. I, 1949, that I last saw the deceased alive on 28. I, 1949, and that death occurred at 3 45 P.m., from the causes and on the date stated above.

SIGNATURE Dr. Troost, (Degree or title) ADDRESS Richie Hospital, Cascade Md. DATE SIGNED 28. Jan. 49

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) DATE THEREOF Feb. 1-1949 NAME OF CEMETERY OR CREMATORY Mt. Calvary LOCATION (City, town, or county) (State) A.A. Co. Md.

DATE REC'D BY LOCAL REG. 1/29/49 REGISTRAR'S SIGNATURE John R. Cochran DL.P
24. FUNERAL DIRECTOR Byron & Mamie Wright ADDRESS Balto. Md.

RECEIVED
FEB 1 1949
BUREAU V. S.

0937

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

290.0
73a

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Funkstown | LENGTH OF STAY (in this place) 13 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Funkstown
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Benjamin (Middle) W. (Last) Price

4. DATE OF DEATH: (Month) Jan (Day) 10 (Year) 1949

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: April 19-69 | 9. AGE last birthday: 79 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tool Maker | 10b. KIND OF BUSINESS OR INDUSTRY: Landis Tool Co. | 11. BIRTHPLACE (State or foreign country): Penn. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Abram Price | 14. MOTHER'S MAIDEN NAME: Elizebeth Stover

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT: Mrs. Pearl Price

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pernicious Anemia — INTERVAL BETWEEN ONSET AND DEATH: dec-1939

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from dec 27, 1939, to Jan 10, 1949, that I last saw the deceased alive on Jan 10, 1949, and that death occurred at 5:00 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Sidney Rosenstein | ADDRESS Funkstown Md | DATE SIGNED 1/11/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE 1-13-49 | NAME OF CEMETERY OR CREMATORY Green Hill Cemetery | LOCATION (City, town, or county) (State) Waynesboro Pa

DATE REC'D BY LOCAL REG. Jan. 13. 1949 | REGISTRAR'S SIGNATURE C Kast Bowers

24. FUNERAL DIRECTOR Scott F. Minnich & Son | ADDRESS Hag. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 17 1949
BUREAU OF S.

0938

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

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T

VS. A15

1. PLACE OF DEATH
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 2 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 66 East Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: West Virginia — COUNTY: Berkeley
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL--Near Marlowe
STREET ADDRESS (If rural, give location): Near Marlowe on U.S.Rt.11

3. NAME OF DECEASED (Type or Print): (First) Etta (Middle) May (Last) Reid

4. DATE OF DEATH: (Month) Jan. (Day) 12, (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: May 20, 1877

9. AGE last birthday: 71 yrs. — If under 1 year: Months: 8 Days: 22 — If under 24 hrs.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Berkeley Co.;West Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Clem Breichner

14. MOTHER'S MAIDEN NAME: Elizabeth Trussell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs.Earl Hays ;Marlowe,W. Vir.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Raynaud's Gangrene	4 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteria Sclerosis	6 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY: (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1942, 19..., to Jan.12, 1949, that I last saw the deceased alive on Jan 11, 1949, and that death occurred at 9.35 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Dr. Zimmerman — ADDRESS: Williamsport Md. — DATE SIGNED: 1/13/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Jan.15,1949 — NAME OF CEMETERY OR CREMATORY: Rose Dale Cemetery — LOCATION (City, town, or county) (State): Martinsburg ,West Virginia

DATE REC'D BY LOCAL REG.: Jan. 14 1949 — REGISTRAR'S SIGNATURE: Chas H Bowers

24. FUNERAL DIRECTOR: Edith V. Leaf ;Williamsport, Md. — ADDRESS

RECEIVED
JAN 15 1949
BUREAU V. S.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

420.2

0939

CERTIFICATE OF DEATH

96 b

Reg. Dist. No. 305

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN San Mar
LENGTH OF STAY (in this place) 5 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Fahrney Memorial Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boonsboro R # 1
STREET ADDRESS (If rural give location) Fahrney Memorial Home

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) HARRY EDGAR ROBISON

4. DATE OF DEATH (Month) (Day) (Year) January 7 1949

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W

8. DATE OF BIRTH 12/14/~~48~~ 67

9. AGE last birthday 81 yrs. If under 1 year Months 0 Days 23 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hotel Clerk Retired

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Clearspring Md

12. CITIZEN OF WHAT COUNTRY? —

13. FATHER'S NAME Samuel Robison

14. MOTHER'S MAIDEN NAME Angelina Weddle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) —

16. SOCIAL SECURITY NO. None

17. INFORMANT H. Melvin Robison

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Angina Pectoris — 5 minutes

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 7, 1949, to Jan 7, 1949, that I last saw the deceased alive on Jan 7, 1949, and that death occurred at 6 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature] M.D. Boonsboro

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE 1/10/49

NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REG. Jany 8, 1949

REGISTRAR'S SIGNATURE John H. Bast

24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman Hagerstown Md.

RECEIVED
JAN 11 1949
BUREAU V. S.

0940

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

526/126 Reg. Dist. No. 302

M

1. PLACE OF DEATH:

County Washington

City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 year

Hospital, institution, or street address where death occurred: Washington Co. Hospital

How long in hospital or institution? 3 days

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Md. County Washington

City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town)

Street No. 239 E Irvin Ave (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Sophie Rosner

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	widow

6.(b) Name of husband or wife Benjamin Rosner

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Feb 1 1882

8. AGE: Years	Months	Days	If less than one day
66	11	4	..... hrs. ..... min.

9. Birthplace Roumania (Town, county, and state)

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name Jacob Jacobson
13. Birthplace Roumania

MOTHER
14. Maiden name Rebecca ?
15. Birthplace Roumania

16. Informant Mrs Elsie R Frank

Address 239 E Irvin Ave Hagerstown

17. burial (Burial, cremation, or removal. Which?) Date thereof Jan 7 1949 (month) (day) (year)

Cemetery or ~~crematory~~ Mt. Sharron Delaware Co

Location Philadelphia Penna

18. Funeral director C M Suter & Sons

Address Hagerstown Maryland

19. Jan. 5, 1949 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 5 1949 at 7:40 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6-25 1948, to 1-5- 1949

and that I last saw her alive on 19

Immediate cause of death	DURATION
Bronchiectasis	7 yrs
Due to Pulmonary Emphysema	7 yrs
Due to	
Other conditions Chronic Cholelithiasis	?
Arteriosclerosis, generalized (Include pregnancy within 3 months of death)	20 yrs

Major findings of operations

Date of op.

Autopsy results Same as above noted.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Dalton M. Welty, M.D. M. D. or other

Address Hagerstown Maryland Date signed 1-5-49

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

RECEIVED
JAN 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

420.1 / 95a

0941

Reg. Dist. No. 302

1. PLACE OF DEATH:

County: Washington

City or town: Hagerstown, Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 30 years

Hospital, institution, or street address where death occurred:

1111 Hamilton Blvd.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No.: 1111 Hamilton Blvd.

(If rural, give LOCATION)

2.(a) If veteran, name war: World War I

3.(a) FULL NAME: Stewart M. Roth

3.(b) Social Security Number: 705-10-6224

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Irene S. Roth

6.(c) If alive, give age: 52 years

7. Birth date of deceased (mo., day, yr.): May 18, 1894

8. AGE: Years	Months	Days	If less than one day
54	7	13	....hrs. ....min.

9. Birthplace: Oakland, Maryland (Town, county, and state)

10. Usual occupation: Supervisor Locom. Perf.

11. Industry or business: Western Md. R.R.

FATHER

12. Name: David O. Roth

13. Birthplace: Redlands, Maryland

MOTHER

14. Maiden name: Margaret L. Weber

15. Birthplace: Patterson Creek, W. Va.

16. Informant: Mrs. Stuart M. Roth

Address: Hagerstown, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 1-4-49 (month) (day) (year)

Cemetery or crematory: Rest Haven Cemetery

Location: Hagerstown, Maryland

18. Funeral director: C. M. Suter & Sons

Address: Hagerstown, Maryland

19. Jan. 4, 1949 (Date rec'd by registrar) Chas. H. Bowers, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 1, 1949, at 1 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 4, 1938, to Jan 1, 1949 and that I last saw him alive on Jan 1, 1949

Immediate cause of death	DURATION
Acute coronary occlusion	Few minutes
Due to: Arteriosclerosis of coronary arteries (had 2 acute coronary occlusions in August 1948)	6 months
Due to:	
Other conditions: —	

(Include pregnancy within 3 months of death)

Major findings of operations: ....Date of op.....

Autopsy results: Not done

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ....Date of.....

Where did injury occur? ....(City or town) ....(County) ....(State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ....Injured at work?....

23. SIGNATURE: John H. Hornbaker, M. D. M. D. or other

Address: 154 W. Washington St - Hagerstown, Md. Date signed: 1-3-49

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

Dr. Hornaday

RECEIVED
JAN 6 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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Reg. Diat. No. 306

1. PLACE OF DEATH:

County: Washington

City or town: Cascade

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 9 months 24 days

Hospital, Institution, or street address where death occurred:

Pitcher Hosp.

How long in hospital or institution? Same

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County

City or town: Baltimore

(If outside city or town limits, write RURAL and give nearest town)

Street No. Unknown

(If rural, give LOCATION)

2.(a) If veteran, name war ✓

3. (a) FULL NAME: John Sadler

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Single

6.(b) Name of husband or wife

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): (Unknown) Abt. 1894

8. AGE: Years: 55 | Months: | Days: | If less than one day: ... hrs. ... min.

9. Birthplace: Russia (Town, county, and state)

10. Usual occupation: Farm Laborer

11. Industry or business:

MOTHER FATHER

12. Name: Abiza D Sadler

13. Birthplace: Russia

14. Maiden name: Julig ?

15. Birthplace: Russia

16. Informant: Hosp. records

Address

17. (Burial, cremation, or removal. Which?) Date thereof ... (month) (day) (year)

Cemetery or crematory

Location: Johns Hopkins Medical School JAN 19 1949

18. Funeral director

Address

19. JAN 19 1949 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 3 1949, at 3:15 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 9 1948 to Jan 3 1949 and that I last saw him alive on Jan 3 1949

	DURATION
Immediate cause of death: Bronchiectasis	?
Due to:	
Due to:	
Other conditions: Rheumatoid arthritis	?

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ... Date of ...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Thomas M. Arrington M.D. (M. D. or other)

Address: Pitcher Hosp, Cascade Md Date signed 1/3/49

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

RESERVED FOR BINDING

1949
55
1894

Dr. Victor Miller

0943

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

480 331

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 Week

Hospital, Institution, or street address where death occurred:

Washington County Hospital

How long in hospital or institution? 1 Week

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town)

Street No. 26 East Washington St (If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME MRS EMMA CORNELIA SEIGMAN

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	Widow

6.(b) Name of husband or wife George R.

6.(c) If alive, give age —

7. Birth date of deceased (mo., day, yr.) March 22 1856

8. AGE: Years	Months	Days	If less than one day
92	9	10	...hrs. ...min.

9. Birthplace Chewsville Wash. Co. Md. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own home

FATHER 12. Name Charles Bowers

13. Birthplace Chewsville Md.

MOTHER 14. Maiden name Mary Stouffer

15. Birthplace Chewsville Md

16. Informant Mrs. Mary C. Miner

Address Hagerstown Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1.4.49 (month) (day) (year)

Cemetery or crematory United Bretheren Cemetery

Location Chewsville Md.

18. Funeral director Andrew K. Coffman

Address Hagerstown Md.

19. Jan. 4, 1949 (Date rec'd by registrar) Chas. H. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 2 1949 at 7 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 1948 to Jan 2 1949 and that I last saw h.. alive on Jan 1 1949

Immediate cause of death	DURATION
Bronchio-Pneumonia	10 days
Influenza —	5 days
Due to Chronic Endocarditis	2 y.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations ... Date of op. ...

Autopsy results ...

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ... Date of ...

Where did injury occur? ... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ...

Means of injury ... Injured at work?

23. SIGNATURE Victor D. Miller M. D. or other

Address ... Date signed 1/2/1949

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9.45-15M

RECEIVED
JAN 6 1949
BUREAU V. S.

Dr. Victor Miller

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

331 / 82 — 0944 — Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH · COUNTY: Washington · STATE: MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland · COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown · LENGTH OF STAY (in this place): 30 Years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 360 South Locust St.	STREET ADDRESS (If rural give location): 360 South Locust St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Anna	May	Sheeley	1	10	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Single	May, 6/1866	82 yrs.	8	4		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Work	Own Home	Beaver Creeks Wash. co. Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Iasaih Sheeley	Mary Kinsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
	None	Mrs Walter Cushen

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage.	6 days
Antecedent cause(s)	(b) Arterio. & Clerosis	?
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Influenza	10 days
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
0		Hagerstown	Washington	Md

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/29, 1948, to Jan 10, 1949, that I last saw the deceased alive on 1/9—, 1949, and that death occurred at ....m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
V. D. Miller	DR. VICTOR D. MILLER, 131 W. WASHINGTON ST., HAGERSTOWN, MD.	

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1/12/49	Rose Hill Cemetery	Hagerstown Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan 11, 1949	Chas H Bowers	Andrew K Coffman	Hagerstown Md.

VS. A15

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JAN 13 1949
BUREAU V. S.

0945

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

443

CERTIFICATE OF DEATH

93d Reg. Dist. No. 307

1. PLACE OF DEATH · COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Brier - Rural. LENGTH OF STAY (in this place) Life.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Brier - Rural
HOSPITAL OR INSTITUTION OR STREET ADDRESS Keedysville Md. R. 1.	STREET ADDRESS (If rural give location) Keedysville Md. R. 1.

3. NAME OF DECEASED (Type or Print) (First) Charles	(Middle) Wilfred	(Last) Smith	4. DATE OF DEATH (Month) January	(Day) 12	(Year) 1949
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH May. 27. 1880	9. AGE last birthday 68. yrs.	If under 1 year Months Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (State or foreign country) Sharpsburg Md.	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Martin L. Smith		14. MOTHER'S MAIDEN NAME Martha Rohrer			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If year, give war or dates of service)	16. SOCIAL SECURITY NO. 220-10-3831	17. INFORMANT Mrs. Mary E. Smith Keedysville Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH. — INTERVAL BETWEEN ONSET AND DEATH.

Immediate cause (a) Dead on arrival - Heart attack - type undetermined — 10 min

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) History from family of hypertension and shortness of breath.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. (This Certificate issued at request of Coroner)

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from immediately after death, 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Walter H. Sheahy M. D.		Sharpsburg, Md.	Jan 14, 1949.

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE Jany. 15. 1949	NAME OF CEMETERY OR CREMATORY Locust Grove Cemetery	LOCATION (City, town, or county) Locust Grove	(State) Md.
DATE REC'D BY LOCAL REG. Jan. 14. 1949	REGISTRAR'S SIGNATURE Mrs. Katherine Dagenhart	24. FUNERAL DIRECTOR Wm. J. Best & Sons	ADDRESS Boonsboro Md.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 15 1949
BUREAU V. S.

0946

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

002 13 b

Reg. Dist. No. 302

1. PLACE OF DEATH:

County: Washington

City or town: Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 32-7-18

Hospital, institution, or street address where death occurred: 43 Elizebeth St.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No.: 43 Elizebeth St.

(If rural, give LOCATION)

2.(a) If veteran, name war: ------

3. (a) FULL NAME: Helen V. Smith

3. (b) Social Security Number: ---------

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6.(b) Name of husband or wife: Harry W. Smith

6.(c) If alive, give age: 44 years

7. Birth date of deceased (mo., day, yr.): May 14 1916

8. AGE:

Years	Months	Days	If less than one day
32	7	18	hrs. min.

9. Birthplace: Hagerstown Wash. Co. Md. (Town, county, and state)

10. Usual occupation: House Wife

11. Industry or business: Own Home

FATHER

12. Name: George Rider

13. Birthplace: Hagerstown Md.

MOTHER

14. Maiden name: Bessie Boward

15. Birthplace: Hagerstown Md.

16. Informant: Mrs. Roy Orcutt

Address: Hagerstown Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 1-5-49 (month) (day) (year)

Cemetery or crematory: Rose Hill Cemetery

Location: Hagerstown Md.

18. Funeral director: Scott F. Minnich & Son

Address: Hagerstown Md.

19. Jan. 5, 1949 (Date rec'd by registrar) Chas. H. Bowers, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 2 1949 at about 10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....

and that I last saw h..... alive on ..... 19.....

Immediate cause of death: Thc. Lungs

Due to: Results of spinal fluid not received

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op.

Autopsy results: Jan. 3. 49 - as above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

DURATION: 7

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: S. Robert Wells M. D. or other

Address: Hagerstown, Md. Date signed: Jan. 4. 49

DEPUTY MEDICAL EXAM WASH. CO., MD.

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JAN 7 1949
BUREAU V. S.

0947

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131a

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County: Washington

City or town: Hagerstown, Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, Institution, or street address where death occurred: 39 Wayside Avenue

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

Street No. 39 Wayside Avenue
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Charles Ellsworth Snyder

3.(b) Social Security Number: NONE

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widower

6.(b) Name of husband or wife: Mary Cath. Snyder

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): March 7, 1863

8. AGE:

Years	Months	Days	If less than one day
85	7	24	..... hrs. ..... min.

9. Birthplace: Washington County, Maryland
(Town, county, and state)

10. Usual occupation: Retired Railroad employee

11. Industry or business

FATHER
12. Name: Samuel A. Snyder
13. Birthplace: Washington County, Maryland

MOTHER
14. Maiden name: Mary Miller
15. Birthplace: Washington County, Maryland

16. Informant: Mrs. Virgie McCauley
Address: Hagerstown, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 1-4-49 (month) (day) (year)

Cemetery or crematory: Rose Hill Cemetery

Location: Hagerstown, Maryland

18. Funeral director: C. M. Suter & Sons
Address: Hagerstown, Maryland

19. Jan. 3, 1949 Chas H Bowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 1 — 1949 at 9 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 — 1948, to Jan 1 1949 and that I last saw him alive on 12/31 1948

Immediate cause of death: Chronic Endocarditis; Chronic nephritis; arterio-sclerosis.

Due to: Parkinson Disease

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

DURATION
?
?
6-7 years

Major findings of operations: ..... Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Victor D. Miller DR. VICTOR D. MILLER, 131 W. WASHINGTON ST. HAGERSTOWN, MD. M. D. or other

Address: Date signed 1/3 — 1949

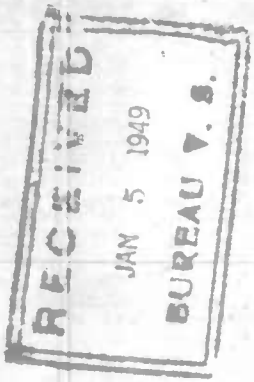
MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

I

Dr. Victor Miller.



EVIDENCE FOR ADDITION OF HUSBAND'S NAME SHOWN ON:

FILM No. G 118 JAN 21 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

201
44 b

0948

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 mo.

Hospital, institution, or street address where death occurred:
Washington Co. Hospital

How long in hospital or institution? 2 mo.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Rural - Hancock
(If outside city or town limits, write RURAL and give nearest town)

Street No. Route #1, Hancock
(If rural, give LOCATION)

2.(a) If veteran, name war —

3. (a) FULL NAME

Estalene M. Spade

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	

6.(b) Name of husband ~~or wife~~ DONALD RITZ

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Jan. 6, 1928

8. AGE: Years	Months	Days	If less than one day
21	0	7	— hrs. — min.

9. Birthplace Hancock, Wash. Co., Md.
(Town, county, and state)

10. Usual occupation None

11. Industry or business —

FATHER
12. Name Leslie Spade
13. Birthplace Fulton Co., Penna.

MOTHER
14. Maiden name Beatrice Truax
15. Birthplace Fulton Co., Penna.

16. Informant Leslie Spade

Address Route #1, Hancock, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 16, 1949 (month) (day) (year)

Cemetery or crematory Pleasant Grove

Location Dot, Penna.

18. Funeral director Charles R. Bast

Address Hancock, Md

19. Jan. 14 1949 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 13 1949, at 8 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1 Oct 1948, to January 13 1949

and that I last saw her alive on January 13 1949

Immediate cause of death	DURATION
Hodgkins Disease	2 yr 7 mo
Due to	
Due to	
Other conditions Mediastinal Hodgkins	7 mo
Special Con. Myelom (Hodgkins)	3 mo

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE * W. T. Layman, M.D. M. D. or other

Address Hagerstown Md Date signed 14 Jan '49

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JAN 15 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

181 52 b 0949

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY: Washington; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown; LENGTH OF STAY (in this place): Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS: 149 W. Franklin Street	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown; STREET ADDRESS (If rural give location): 149 W. Franklin St.

3. NAME OF DECEASED (Type or Print)	(First) Charles	(Middle) H.	(Last) Spigler	4. DATE OF DEATH	(Month) Jan	(Day) 8	(Year) 1949	
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Aug. 25, 1894	9. AGE last birthday: 54 yrs.	If under 1 year: Months 4	Days 13	If under 24 hrs.: Hours	Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Buyer	10b. KIND OF BUSINESS OR INDUSTRY: Department store	11. BIRTHPLACE (State or foreign country): Martinsburg, W. Va.	12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13. FATHER'S NAME: Samuel L. Spigler		14. MOTHER'S MAIDEN NAME: Emma Harsh	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): War #1	16. SOCIAL SECURITY NO.: 214-09-1767	17. INFORMANT: Mrs. Charles H. Spigler	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma Bladder	10 mo
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION: Aug 48	19b. MAJOR FINDINGS OF OPERATION: Carcinoma Bladder		20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 8-1-48, 19..., to 1-8, 49, that I last saw the deceased alive on 1-8, 1949, and that death occurred at 2:00 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

/s/ W. W. Ditto Jr. Hagerstown Md 1-8-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 1-11-49	NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery	LOCATION (City, town, or county) (State): Hagerstown, Maryland	
DATE REC'D BY LOCAL REG.: Jan. 10, 1949	REGISTRAR'S SIGNATURE: Chas. H. Bowers	24. FUNERAL DIRECTOR: C. M. Suter & Sons	ADDRESS	

VS. A15

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JAN 12 1949
BUREAU V. S.

Dr. Keadle.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

0950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

601 1932

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington — STATE MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place) one hours	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beaver Creek - Rural
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital	STREET ADDRESS (If rural give location) Boonsboro md. R.2.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Ruth	E.	Stine	January 26. 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months / Days	If under 24 hrs. Hours / Min.
Female	White	Widowed	March 9. 1891	57-9-17 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House wife.	Home	Keedysville Wash. Co. Md	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Potter	Catherine Edmonds.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
	-None-	Mrs. Harold Funk Boonsboro Md. R. 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uremia	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hydronephrosis and renal lithiasis	8-10 yr
	Draining sinus (left kidney)	1 wk ?
	(c) Pneumonia, atypical, left lower lobe.	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
No				

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
	----		m.		

22. I hereby certify that I attended the deceased from Jan. 6., 1949., to Jan. 26., 1949., that I last saw the deceased alive on Jan. 26 1949., and that death occurred at 8:00 P.m., from the causes and on the date stated above.

SIGNATURE Robert L. Keadle (Degree or title) ADDRESS ROBERT F. KEADLE 132 W. WASHINGTON ST. HAGERSTOWN, MARYLAND DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Jany. 29. 1949	Boonsboro Cemetery	Boonsboro Wash. Co.	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan. 28. 1949	Chas. H. Bowers	Wm. J. Bast & Sons	Boonsboro Md.

RECEIVED
JAN 31 1949
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Dr. Lusby

CERTIFICATE OF DEATH

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124/

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Washington
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 8 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural give location): 1010 Woodland Way

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): RALPH BITNER STOUFFER

4. DATE OF DEATH (Month) (Day) (Year): 1/14/49 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept 8 1905

9. AGE last birthday: 43 yrs. If under 1 year: Months 4, Days 6, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Standard Prod.

11. BIRTHPLACE (State or foreign country): Greencastle Pa.

12. CITIZEN OF WHAT COUNTRY?: U.S.A

13. FATHER'S NAME: Harry Denton stouffer

14. MOTHER'S MAIDEN NAME: Nora Bitner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service): --

16. SOCIAL SECURITY NO.: 215-09-7888

17. INFORMANT: Mrs. Kathleen L. Stouffer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Atrophic cirrhosis of Liver — Interval between onset and death: 1½ yrs

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): N

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 Dec, 1948, to 14 Jan, 1949, that I last saw the deceased alive on 14 Jan, 1949, and that death occurred at 10 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): F F Lusby — ADDRESS: 230 N Potomac — DATE SIGNED: 14/1/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 1/16/49 — NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetery — LOCATION (City, town, or county) (State): Greencastle Pa.

DATE REC'D BY LOCAL REG.: Jan. 15, 1949 — REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR: Andrew K. Coffman — ADDRESS: Hagerstown

VS. A15

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JAN 18 1949
BUREAU V. S.

EVIDENCE FOR ADDITIONAL INFO. #22 IS ON 9119 - 3-24-49.

EVIDENCE FOR ADDITION OF 5.5# + CORRECTION OF MOTHER'S NAME + BIRTHPLACE IS ON:

FILM No. G 118 JAN 27 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

900.0 / 186a

0952

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH:

County: Washington

City or town: Boonesboro (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 weeks

Hospital, institution, or street address where death occurred: Guilford Nursing Home

How long in hospital or institution? 5 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Pa County: Franklin

City or town: Waynesboro (If outside city or town limits, write RURAL and give nearest town)

Street No.: Y. M. C. A. N. Potomac St. (If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME: Harry Edgar Stover Sr.

3.(b) Social Security Number: 182-22-6756

4. Sex: M.

5. Color or race: W.

6.(a) Single, married, widowed, or divorced: W.

6.(b) Name of husband or wife: Antionette Vida Reitzel

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): May 9, 1874

8. AGE: Years 74 Months 8 Days 5 If less than one day ..... hrs. ..... min.

9. Birthplace: Chambersburg Pa. (Town, county, and state)

10. Usual occupation: Retired

11. Industry or business:

FATHER

12. Name: William Stover

13. Birthplace: Chamb. Pa.

MOTHER

14. Maiden name: ~~Mary E. Bowers~~ Catherine Elizabeth

15. Birthplace: ~~Pa.~~ Germany.

16. Informant: Harry Stover Jr.

Address: N. Potomac St, Waynesboro Pa

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 1/17/49 (month) (day) (year)

Cemetery or crematory: Green Hill

Location: Waynesboro Pa

18. Funeral director: Walter Y. Grove

Address: 27 S. Church St, Waynesboro Pa.

19. Jany. 14. 1949 (Date rec'd by registrar) John H. Bast Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 14" 1949 at 2.30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 7" 1949 to Jan. 14" 1949 and that I last saw him alive on Jan. 13" 1949

Immediate cause of death	DURATION
Chronic nephritis	7 days
Due to: Arteriosclerosis	7 days
Fracture of neck of femur	7 days
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accident Date of: 10/7/48

Where did injury occur? Waynesboro, Pa. (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Entering Y.M.C.A.

Means of injury: Fall Injured at work? (3/23/49 OS)

23. SIGNATURE: Herbert Nader M. D. M. D. or other

Address: Boonesboro Md. Date signed: 1/14/49

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 18 1949
BUREAU V. S.

Dr. Norkent

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0953

759.0

157 m

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH
COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 1 Day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospiral

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 56 E. Antietam St.

3. NAME OF DECEASED (Type or Print) (First) LESTER (Middle) WILLIAM (Last) STROSNIDER Jr.

4. DATE OF DEATH (Month) (Day) (Year) January 17 1949

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH Jany 15 1949

9. AGE last birthday yrs. If under 1 year Months Days 2 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY Infant

11. BIRTHPLACE (State or foreign country) Hagerstown Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Lester William Strosnider Sr.

14. MOTHER'S MAIDEN NAME Carrie Ann Long

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT Lester william Strosnider

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congenital cystic disease of both lungs.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (diagnosed by X Ray examination)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION None

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) None

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) None (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January 15, 1949, to January 17, 1949, that I last saw the deceased alive on January 17, 1949, and that death occurred at 10 15 a. m., from the causes and on the date stated above.

SIGNATURE R B Norkent M.D. (Degree or title) ADDRESS 119 E Antietam St Hagerstown, Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE 1/18/49

NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REG. Jan 17 1949

REGISTRAR'S SIGNATURE Ghost Towers

24. FUNERAL DIRECTOR Andrew K. Coffman ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 19 1949
BUREAU V. S.

3

M

MARGIN RESERVED FOR BINDING

I

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

178
51C

0954

Reg. Dist. No. 306

1. PLACE OF DEATH:

County: Washington

City or town: Cascade
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 52 days

Hospital, Institution, or street address where death occurred: Ritchie Hospital

How long in hospital or institution? same

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Anne Arundel

City or town: Laurel
(If outside city or town limits, write RURAL and give nearest town)

Street No.: Rt #1 Box 90
(If rural, give LOCATION)

2.(a) If veteran, name war: ✓

3. (a) FULL NAME: Fred Lacy Taylor

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife:

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): June 9, 1912

8. AGE:

Years	Months	Days	If less than one day
36	7	4	hrs. min.

9. Birthplace: Covington, Va.
(Town, county, and state)

10. Usual occupation: none given

11. Industry or business:

FATHER
12. Name: John L. Taylor
13. Birthplace: Putnam Co. Ohio

MOTHER
14. Maiden name: Margaret Myers
15. Birthplace: Gills Co., Va.

16. Informant: Hosp. records

Address:

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan 17, 1949 (month) (day) (year)

Cemetery or crematory: Cedar Hill Cemty.

Location: Covington, Va. Virginia

18. Funeral director: W. Wm. Donaldson

Address: Laurel, Md.

19. 1/14/49 19 (Date rec'd by registrar) John R. Cochran Dep. Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 13 1949 at 12 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 9 1948 to Jan 13 1949 and that I last saw him alive on Jan 13 1949

Immediate cause of death: Adenocarcinoma of the testicle — DURATION: ?

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Thomas M. Arrington M.D. M.D. or other

Address: Ritchie Hosp. Cascade Md. Date signed: 1/14/49

RECEIVED
JAN 17 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

332 93d 0955 Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 9 mo. 20 days

Hospital, institution, or street address where death occurred: Washington Co. Hospital

How long in hospital or institution? 9 mo. 20 days

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Washington

City or town Hancock (If outside city or town limits, write RURAL and give nearest town)

Street No. High Street (If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME John Milton Taylor

3.(b) Social Security Number ~~R-62-610~~

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of ~~husband or~~ wife Katherine Brooke Taylor 6.(c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) Aug. 27, 1871

8. AGE:

Years	Months	Days	If less than one day
77	4	5	— hrs. — min.

9. Birthplace Washington Co. Md. (Town, county, and state)

10. Usual occupation Postal Service - Retired

11. Industry or business —

FATHER
12. Name J. Harvey Taylor
13. Birthplace Wash. Co., Md.

MOTHER
14. Maiden name Margaret Gregory
15. Birthplace Wash. Co., Md.

16. Informant Mrs. Katherine B. Taylor

Address High St., Hancock, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 3 1949 (month) (day) (year)

Cemetery or ~~crematory~~ Presbyterian

Location Hancock, Md.

18. Funeral director Charles R. Bast

Address Hancock, Md.

19. Jan 2. 1949 (Date rec'd by registrar) Chas. H. Howard Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 1st 1949 at 9:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1948 to Jan. 1 1949 and that I last saw him alive on Jan. 1st 1949

Immediate cause of death Cerebral Thrombosis — DURATION 1 yr.

Due to Arterio Sclerosis — 5 yrs.

Due to

Other conditions Hypertensive Cardio Vascular Disease (Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. H. Beachley M.D. M. D. or other

Address Hagerstown, Md. Date signed Jan 1/49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 4 1949
BUREAU V. E.

EVIDENCE FOR ADDITION
ITEM # 19b ISON:

FILM No. G 119 MAR -7 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

420.0 .. 0956

CERTIFICATE OF DEATH

139 lb

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown | LENGTH OF STAY (in this place) 40 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 329 Summit Ave.

3. NAME OF DECEASED (Type or Print): (First) Angie (Middle) Mary (Last) Thomas

4. DATE OF DEATH: (Month) Jan (Day) 17 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: April 15-83

9. AGE last birthday: 65 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Matyland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Slifer

14. MOTHER'S MAIDEN NAME: Ettie Mullendore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. | (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: ------

17. INFORMANT: D. Glenn Thomas

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute pulmonary edema	5 hours.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Heart Disease	8 years.
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Repair of perineum	12 hours.

19a. DATE OF OPERATION: 1-17-49

19b. MAJOR FINDINGS OF OPERATION: La Forte operation for Prolapse of uterus

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb., 1940, to 1-17, 1949, that I last saw the deceased alive on 1-17, 1949, and that death occurred at 8:40p m., from the causes and on the date stated above.

SIGNATURE (Degree or title): John N Horn M.D. | ADDRESS: 154 W. Washington St., Hagerstown Md. | DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Jan. 19, 49 | NAME OF CEMETERY OR CREMATORY: Rest Haven Cemetery | LOCATION (City, town, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL REG. Jan. 19. 1949 | REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR: Scott F. Minnich & Son | ADDRESS: Hag. Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
JAN 21 1949
BUREAU V. S.

Dr. Wade

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

444 0957

131a

CERTIFICATE OF DEATH

Reg. Dist. No. 316

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Keedysville
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Main Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Keedysville
STREET ADDRESS (If rural give location) Main Street

3. NAME OF DECEASED (Type or Print) (First) Harry (Middle) Snively (Last) Thomas

4. DATE OF DEATH (Month) January (Day) 9 (Year) 1949

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH November 21-1886

9. AGE last birthday 62-1-18 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY Farm

11. BIRTHPLACE (State or foreign country) Near Keedysville Wash. Co. Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Harvey E. Thomas

14. MOTHER'S MAIDEN NAME Mary C. Snively.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If year, give war or dates of service)

16. SOCIAL SECURITY NO. None.

17. INFORMANT Mrs. Anna Thomas - Keedysville. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardiac Decompensation	2½ mos.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Nephritis	7 mos.
	(c) Arterial Hypertension	2 years.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Nervousness	2 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 12", 1947, to Jan. 9", 1949, that I last saw the deceased alive on Jan. 9", 1949, and that death occurred at 10.00 P. m., from the causes and on the date stated above.

SIGNATURE Shubert Wade. (Degree or title) M. D. ADDRESS Boonsboro. Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial. DATE Jany. 13. 1949 NAME OF CEMETERY OR CREMATORY Boonsboro Cemetery LOCATION (City, town, or county) Boonsboro Wash. Co. Md (State)

DATE REC'D BY LOCAL REG. Jan. 13 49 REGISTRAR'S SIGNATURE R. H. Geeting

24. FUNERAL DIRECTOR Wm. F. Bast & Sons ADDRESS Boonsboro Md.

RECEIVED
JAN 15 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0958

490
108

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH
COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
MARYLAND
LENGTH OF STAY (In this place) 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Gaelick Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Pennsylvania COUNTY Franklin
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chambersburg
STREET ADDRESS (If rural, give location) 1318 Edgar Avenue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Blanche	Irene	Walker	Jan	14	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
Female	W	Married	Dec. 9, 1894	54 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Keeper		Burnt Cabins, Penna.	U.S.A.

13. FATHER'S NAME Samuel Cline

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	—	Mrs. Barkhart

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Lobar Pneumonia (L. Lower Lobe) — 10 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
NO				

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 5 Jan, 1949, to 14 Jan, 1949, that I last saw the deceased alive on 13 Jan, 1949, and that death occurred at 9:15 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
F F Lusby	M.D.	238 N Potomac St Hagerstown	14 Jan 49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	Jan 14, 1949	Lincoln Cemetery	Chambersburg, Penna.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan 14 1949	C Scott Boyer	Sellers Funeral Home	Chambersburg, Pa.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 15 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

420.0
93 L. 0953

CERTIFICATE OF DEATH

Reg. Dist. No. 3 06

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cascade; LENGTH OF STAY (In this place) 7 Months 7 Days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Ritchie Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Prince Georges; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro; STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Joshua	Naylor	Watson	Jan	29	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	June 11, 1870	78 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer		Prince George Co. Md.	U.S.

13. FATHER'S NAME: Benjamin Watson

14. MOTHER'S MAIDEN NAME: Martha Naylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
Unknown		Hosp. Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Arteriosclerotic Heart Disease	unknown apart
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized arteriosclerosis, severe	unknown
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June 22, 1948, to Jan 29, 1949, that I last saw the deceased alive on Jan 28, 1949, and that death occurred at 9:30 A m, from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
T. M. Arrington	M.D.	Ritchie Hospital, Cascade, Md.	

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
	Feb. 1, 1949	Mt. Carmel	Upper Marlboro	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/29/49	John R. Cochran S.L.R.	Ritchie Bros - Owd.	Upper Marlboro, Md.

VS-A15

RECEIVED
FEB 1 1949
BUREAU V. S.

Dr. Porterfield

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

331
83a

0960

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County: Washington

City or town: Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 Years

Hospital, institution, or street address where death occurred:
1706 Virginia Ave

How long in hospital or institution? --

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

Street No. 1706 Virginia Ave
(If rural, give LOCATION)

2.(a) If veteran, name war: None

3. (a) FULL NAME: MRS EVELYN KLINE WELCH

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6.(b) Name of husband or wife: James E.

6.(c) If alive, give age: - years

7. Birth date of deceased (mo., day, yr.): May 5 1889

8. AGE: Years	Months	Days	If less than one day
59	8	0	...hrs. ...min.

9. Birthplace: Gwynedd Square Montgomery Pa.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: Own Home

FATHER
12. Name: Wilner Kline
13. Birthplace: Gwynedd Square Pa.

MOTHER
14. Maiden name: Bessie Turbett
15. Birthplace: Philadelphia Pa.

16. Informant: Mrs. Bessie Baker
Address: Hagerstown Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1/7/49 (month) (day) (year)
Cemetery or crematory: Green Lawn Cemetery
Location: Wales Junction Pa.

18. Funeral director: Andrew K. Coffman
Address: Hagerstown Md.

19. (Date rec'd by registrar) 19... Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 5 1949 19... at 3A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
1/1/20 19 48 to Jan 5 19 49
and that I last saw h[illegible] alive on Jan 4 19 49

Immediate cause of death	DURATION
Cerebral Hemorrhage	1 day
Due to arteriosclerosis	?
Hypertension	?
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ... Date of op. ...

Autopsy results: ...

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ... Date of ...

Where did injury occur? ... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ...

Means of injury ... Injured at work?

23. SIGNATURE: H. F. Porterfield M. D.
M. D. or other

Address: 136 W Washington St Date signed 1/5/49

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

RECEIVED
JAN 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

776 0961

CERTIFICATE OF DEATH

159 Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown and

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 20 Hours.

Hospital, institution, or street address where death occurred:

Washington County Hospital

How long in hospital or institution? 20 Hours.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ringgold

(If outside city or town limits, write RURAL and give nearest town)

Street No. Washington Co. Hospital (If rural, give LOCATION) Smithsburg, Md R.F.D.

2.(a) If veteran, name war none

3.(a) FULL NAME Brenda Mae Young

3.(b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	Single

6.(b) Name of husband or wife none

6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1-23-1949

8. AGE:

Years	Months	Days	If less than one day
—	—	—	20 hrs. ... min.

9. Birthplace Washington County Hospital Hagerstown

(Town, county, and state)

10. Usual occupation none

11. Industry or business none

FATHER

12. Name John W. Young

13. Birthplace Smithsburg md

MOTHER

14. Maiden name Edna Mae Campbell

15. Birthplace Madding West Va.

16. Informant John W. Young

Address Smithsburg md R. F. D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1-27-1949 (month) (day) (year)

Cemetery or crematory Smithsburg

Location Smithsburg Washington md

18. Funeral director Leo B. Hoover

Address Smithsburg md

19. Jan. 26 1949 Clark Bowers

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 25 1949, at 4:35 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 23 1949, to Jan 25 1949 and that I last saw h.. alive on Jan 25 1949

Immediate cause of death	DURATION
Premature Birth 7 mos.	
Due to not known	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations ... Date of op. ...

Autopsy results ...

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ... Date of ...

Where did injury occur? ... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ...

Means of injury ... Injured at work?

23. SIGNATURE [illegible] M. D.

Address Williamsport Md. Date signed 1/26/49

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JAN 28 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

260 61

Dr. Lusby

0962

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; LENGTH OF STAY (in this place) 15 Years; HOSPITAL OR INSTITUTION OR STREET ADDRESS 6 East Lee St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; STREET ADDRESS (If rural give location) 6 East Lee St.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Mrs. Bertie May Zeller

4. DATE OF DEATH (Month) (Day) (Year): Jany 27 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jany 30 1874

9. AGE last birthday: 74 yrs. If under 1 year: Months 11, Days 27, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Bakersville Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Cullen C. Barr

14. MOTHER'S MAIDEN NAME: Cath. Eliz. Doub

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) --

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Bruce H. Zeller

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Myocardial Failure	5 Minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio sclerosis Generalized	15 yrs
	(c) Diabetes Mellitus	20 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) N

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Any, 1930, to 27 Jan, 1949, that I last saw the deceased alive on 24 Jan, 1949, and that death occurred at 345 P m., from the causes and on the date stated above.

SIGNATURE F F Lusby (Degree or title) ADDRESS

DATE SIGNED 28 Jan 49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE 1/30/49; NAME OF CEMETERY OR CREMATORY Salem Reformed Cem.; LOCATION (City, town, or county) (State) near Cearfoss Wash. Co Md

DATE REC'D BY LOCAL REG. Jan. 29. 1949; REGISTRAR'S SIGNATURE Chas H. Bowers

24. FUNERAL DIRECTOR ADDRESS: Andrew K. Coffman Hagertown Md

RECEIVED
FEB 1 1949
BUREAU V. S.